



MT. HOOD
COMMUNITY COLLEGE
FOUNDATION

26000 SE STARK STREET, GRESHAM, OR 97030
503-491-7206 · FAX 503-491-6008
WWW.MHCC.EDU

AUCTION

DONOR NAME: _____

SEND INVITATION TO:

ADDRESS: _____

NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

DONOR COMPANY: _____

Item Description for catalog

- List all restrictions, amount, number of people, etc.

_____ Expiration Date: _____

- Donor Authorization: _____

- Donor stated retail value: \$ _____

Receipt of Item:

Delivered by donor Merchandise Gift Certificate

Pick up by Foundation representative – Instructions: _____

Gift Certificate to be made by Foundation Office

I am unable to attend but please accept my donation of: \$ _____

FOUNDATION REPRESENTATIVE: _____

UNLESS OTHERWISE STATED, ALL DONATIONS ARE UNDERSTOOD TO BE VALID FOR **ONE YEAR FROM DATE OF AUCTION**

FOR OFFICE USE:

Distribution:
White Foundation
Yellow Donor

Item # _____ Package # _____

Need item _____ Complete _____