

75<sup>th</sup> Anniversary

# 2021-22 Auction Procurement Form

**SYMPHONY TACOMA/GALA COMMITTEE MEMBER**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Email:** \_\_\_\_\_

## DONOR INFORMATION

Donor Name:	Name for Recognition (if different):	Contact Person:
Phone:	Email:	
Address:		City, State, ZIP

## DONATION INFORMATION

Item:	Estimated Retail Value:
<b><u>Item Description:</u></b> (Please include quantity, size, # of persons, days/nights, exp., as necessary)	
<b><u>Item Restriction(s):</u></b>	

- ☐ Donor will deliver item to Symphony Tacoma      ☐ Item must be picked up; available after \_\_\_\_\_
- ☐ Donor will provide certificate                      ☐ Symphony Tacoma will make certificate

## DONOR WEBSITE

Website(s):
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- ☐ I understand that if my item is not purchased by an auction attendee, Symphony Tacoma may offer the piece for purchase at another time or use the item for cultivation purposes.

Signature:	Date:
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## Symphony Tacoma

901 Broadway, Suite 600, Tacoma, WA 98402 | [info@symphonytacoma.org](mailto:info@symphonytacoma.org) | (253) 272-7264

Tax ID: 91-6032976

*Please make a copy of this document for your records.*