



**KIWANIS VALENTINE GALA**  
**February 13, 2004**

**AUCTION CERTIFICATE**

Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Fair Market Value of Donation: \$ \_\_\_\_\_

Please describe donated item or service as you would like it to appear in the printed program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all conditions and restrictions related to this donation. *Donated services should be effective after February 15, 2004, and should be effective for at least 6 months, and ideally one year.*

\_\_\_\_\_  
\_\_\_\_\_

Signature of Donor: \_\_\_\_\_

**THANK YOU** for your support. The proceeds from the sale of your gift will go to Kiwanis projects in the Atlanta area. We will return to you a copy of this form, which will serve as your receipt. Gifts and donations may be tax deductible.

Please return completed form and gift certificate or donation before January 31, 2004 to:

**Ronni French**  
**Georgia State University**  
**Andrew Young School of Policy Studies**  
**35 Broad Street, Room 611**  
**Atlanta, GA 30303**  
**404 651-3927**  
**Fax: 404 651-3996**

The goods or services described above have been received on this date. No goods or services have been provided to the donor in consideration for this donation.

Date \_\_\_\_\_ Kiwanis Club of Peachtree Atlanta

Kiwanian responsible for soliciting donation: \_\_\_\_\_

Kiwanian's Phone No: \_\_\_\_\_