



Marion County Democrats
250 Liberty St. SE
P.O. Box 13835 Salem, OR 97309

2018 AUCTION DONATION FORM

Committee Member:	NAME:	PHONE:
-------------------	-------	--------

Donor Information:

BUSINESS /DONOR NAME – FOR CATALOG: (As it should appear in catalog)

DONOR CONTACT NAME:	DONOR ADDRESS:
PHONE	CITY: STATE: ZIP:
EMAIL (This is how we will send you your receipt. Please Print Clearly)	
Answers to the questions below are required by State and Federal election laws.	
Occupation	Employer
City where Employed	State Where Employed

Item Information:

ITEM:	ESTIMATED DOLLAR VALUE:
ITEM DESCRIPTION – INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, DAYS/NIGHTS AND <u>ALL RESTRICTIONS</u> :	
MARK APPROPRIATE BOX: <input type="checkbox"/> Delivery of item by Donor <input type="checkbox"/> Item needs to be picked up material provided by Donor <input type="checkbox"/> Donor provides Certificate <input type="checkbox"/> Committee to create Certificate <input type="checkbox"/> Promotional	SIGNATURE DATE:

PLEASE RETURN YOUR DONATION FORM BY 9/23/2018