

Auction Donation Form

NAME/COMPANY (as you wish to be acknowledg	ged):			
CONTACT NAME (if different from above):		TITLE:		
ADDRESS:				
CITY:				
PHONE:	EMAIL:			
Save a stamp! 🔲 I am a non-profit and do not need an ack	nowledgment letter Please e	email my acknowledgment lette	r to the address above	
DETAILED DESCRIPTION OF DONATION (for us	e in promotional materia	ls):		
RESTRICTIONS*				
*Donor will be required to compensate for any restrictions o	or fees not mentioned			
I am willing to donate this item two times				
UE ADDUCADUE DUEACE INDUCATE THE FOLLOW	UNIC:			
IF APPLICABLE, PLEASE INDICATE THE FOLLOW				
Blackout Dates:				
Vacation home/Hotel room:(# of Guests)	(# of Bedrooms)	(# of Bathrooms) \$	(fees, if not included)	
Restaurant/Caterer: \$(tips or gratuit	y, if not included)			
ESTIMATED TOTAL DONATION VALUE:\$		EXPIRATION DATE: (unless specified, expiration date will be listed as May 4, 2021		
PLEASE CHECK ALL THAT APPLY:		(umess specifica, expiration e	ate will be listed as May 1, 2021	
☐ Enclosed is my gift certificate (preferred)		☐ Please create a gift certificate for me		
Promotional materials for auction display enclose		☐ Please contact me to arrange pickup of item/materials☐ I wish to learn more about Aurora, please add me to your mailing list		
☐ I am interested in purchasing a program ad	☐ I wish to learn mo	re about Aurora, please add	me to your mailing list	
DONOR SIGNATURE:		DATE:		
Please return this form and any materials by March 2, 2020* to:		Aurora Theatre Co	mpany, Attn: Development	
		2081 Addison Stree	et	
		Berkeley, CA 9470	1	

If you have any questions, please contact Development & Special Events Coordinator Kendra Johnson at 510.843.4042 x308 or kjohnson@auroratheatre.org. Aurora Theatre Company's tax identification number is 94-3168663.

Thank You!