

GIVE A LITTLE, GROW A LOT

ARMSTRONG AUCTION 2017

DONOR INFORMATION

COMPANY NAME _____

Please provide a digital file of your company logo in jpg, eps or pdf form to maryc@corrigan3b.com

ARMSTRONG AFFILIATION

PARENT FACULTY/STAFF ALUMNAE GRANDPARENT FRIEND

CONTACT INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

WEBSITE _____

DONOR CONTRIBUTION

MERCHANDISE Description _____

TRIP Description _____

GIFT CARD Amount \$ _____

WILL THE ITEM BE PRESENT AT THE AUCTION? YES NO

PAYMENT INFORMATION

ENCLOSED IS MY CHECK PAYABLE TO ARMSTRONG PTA FOR \$ _____

PLEASE CHARGE MY AMEX VISA MASTERCARD FOR \$ _____

ACCOUNT/CC# _____

EXPIRATION DATE _____ CVV CODE _____

NAME AS IT APPEARS ON THE CARD _____

DONOR SIGNATURE _____ DATE _____

Please return this form via email, fax or mail to:

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