



September 30, 2017
Event Donation Form

Iowa Western Foundation
501(c)3 Exempt
Identification Number: 42-1224333

OFFICE USE ONLY:

Item # _____

Paired w/ Item(s) # _____

Package Name in System _____

Silent Auction

Oral Auction

Monetary Donation

Donor ID # _____

Name of Item: _____

(Item(s) can also be services rendered)

Brief Description: _____

CATEGORY:

Home/Yard Food/Wine/Kitchen Travel/Sports/Recreation/Entertainment

For the Girls: Clothes/Jewelry/Purses Kids/Grandchildren/Pets For the Guys: Services/Tools/Gadgets

Needs Display Certificate

PLEASE CHECK EITHER THE BUSINESS OR INDIVIDUAL WHO IS TO RECEIVE DONATION CREDIT

**** Complete information will ensure efficient processing of donor tax credit letters ****

BUSINESS _____ **ATTN:** _____

INDIVIDUAL(S) _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Value of Service: * \$ _____

Value of Merchandise: \$ _____

Total Value: \$ _____**

* Services are not tax deductible as per tax law
** Value can be a combination

NOTE: Minimum bid starts at 50% of item value unless otherwise noted.



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Donor or Solicitor Signature: _____ Date: _____

Please return to Iowa Western Community College Foundation Office by August 1, 2017