



Auction Donation Form

Donor Name: _____

Contact Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Description of Donated Item(s): _____

Retail Value of Donation: \$ _____

Check one: Donation(s) will be sent to school Donation needs to be picked up

Does the Item Require a Gift Certificate? Yes/No. If you answered yes , are you sending a certificate or do we need to create one for you? _____

Thank you for the generous donation to the Trivia & Casino Night auction! 100% of the proceeds raised from this event will support MIS student programs. Please return this form to the school by email at auction@midtowninternationalschool.com or mail to:

MIS Casino Night Auction
Midtown International School
1575 Sheridan Road
Atlanta, GA 30324
Tax EIN: 45-5297366

Admin Only: Date Form Received _____ Date Item Received _____ TY Sent _____



MIDTOWN
INTERNATIONAL
SCHOOL

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