Memoirs of Africa: A Masquerade Fall Fundraiser
Saturday, November 5, 2005
Auction Donation Form

Weaver's Tale Retreat Center's mission is that elders and all people experience themselves as connected to each other and to nature.

Donor's Name:	Brief description of donated item(s):
Donor Contact Person: Phone:	Estimated retail value:
Donor's Address:	Donated item will be: ☐ delivered by donor to _____ ☐ picked up by WTRC date available _____ Gift certificate furnished by: ☐ Donor ☐ WTRC Other materials provided by donor:

Include all information concerning donated item(s)-quantity, color, size, number of people, days/nights, weeks, and restrictions, if any:

Expiration Date, if any _____/_____/_____ *Donations are valid for one year from the date of the auction, unless otherwise specified.*

Donor Signature Date

I am unable to donate an item, but would like to contribute $ _____

Silent auction guidelines:
No minimum starting bid or set price.
No items on consignment.
Placement in auction by the WTRC auction committee.

For additional information about the auction or Weaver's Tale Retreat Center, call or write:

Weaver's Tale Retreat Center
4112 SE Pine St.
Portland, OR 97214
Phone: 503.292.0014 Fax: 503.234.4202
email: edie@weavers-tale-retreat.org
web: http://www.weavers-tale-retreat.org

Federal Tax ID# 93-1115097

Return form by October 15, 2005