

\*\*\*\*\*Please Return This Page Along With Your Gift Certificate Or The Gift Certificate Below\*\*\*\*\*

## LOS FELIZ CHARTER SCHOOL FOR THE ARTS AUCTION DONATION FORM

LFCSA Family Solicitor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Donor's Official Name (to be credited): \_\_\_\_\_ Contact Person: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

This is a donation of (please check one): Gift Certificate \_\_\_\_\_ Merchandise (Item) \_\_\_\_\_

Detailed Description of Donation: \_\_\_\_\_

Condition or Restrictions (if any): \_\_\_\_\_

Value of Donation: \$ \_\_\_\_\_

**PLEASE MAIL TO:**

LFCSA Family Solicitor's Name: \_\_\_\_\_  
C/O Los Feliz Charter School for the Arts  
1553 Cassil Place; Los Angeles, CA 90028; ATTN: Silent Auction

**(For Donations of Merchandise, Please Return This Form And We Will Call You To Arrange Pick-up)**

PLEASE COMPLETE THE GIFT CERTIFICATE BELOW ONLY IF YOU ARE DONATING A  
GIFT CERTIFICATE AND WOULD LIKE US TO PROVIDE THE PHYSICAL GIFT CERTIFICATE

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### Los Feliz Charter School for the Arts 2010 Big Night Out

PLEASE PRINT

This Certificate Entitles the Bearer to: \_\_\_\_\_

Conditions or Restrictions (If Any): \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Donor: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Authorization Signature: \_\_\_\_\_

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PLEASE KEEP THIS SECTION FOR YOUR RECORDS

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THANK YOU FOR YOUR GENEROUS DONATION TO OUR 2010 'BIG NIGHT OUT' SILENT AUCTION  
Friends of Los Feliz Charter School for the Arts, Federal Tax ID# 20-3001046  
1553 Cassil Pl, Los Angeles, CA 90028 (323) 656-2810 www.losfelizarts.org



Description of Donation: \_\_\_\_\_

Value: \_\_\_\_\_