



Silent Auction Donation Form

Donor Contact Name: _____

Donor Company Name: _____

Mailing Address: _____

Physical Address: _____

EMAIL: _____

Phone Number: _____

Description of item or service being donated. Please designate if it's a gift certificate.

Approximate Retail Value: _____

Pick up -Yes or No _____

Blessed Sacrament Catholic School
7 Saint Theresa Drive. Charleston, SC 29407
Attention: Katharine Murphy
843.766.2128

Tax ID 53-0196617