



Annual Event & Auction

April 26, 2025

Company _____

Primary Contact _____

Email Address _____ Phone _____

Address _____

Donor Type (check all that apply)

☐ ABS Family ☐ Individual ☐ Business ☐ Staff ☐ Classroom

If more than one donor, please list addition donors: _____

Donation Type (check)

☐ Gift Certificate ☐ Item ☐ Service ☐ Party or Package ☐ Event Sponsor

Fair Market Value \$_____

It is essential that we know the fair market value of the item(s) you are contributing. We need to provide this information for tax purposes.

Donation Description:

List restrictions, exclusions, or special conditions: _____

Expiration date _____

Please check the box that applies:

☐ Gift certificate or item enclosed

☐ Will deliver to Bonnie Silverman, 1017 Cedar St., San Carlos, 94070

☐ Pick-up donation (specify address) _____

***Please direct any questions to Bonnie Silverman, bsilverman@arborbayschool.org
Federal Tax ID # 01-0748214***