



## SILENT AUCTION RECEIPT FORM

**Donated Items/Service:**

\_\_\_ Item

\_\_\_ Service

\_\_\_ Cash Contribution

**Description of Donation** *(please be as detailed as possible):*

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**Value:** \$ \_\_\_\_\_ *(estimated or real value)*

**Donor's Name** *(please print)*

**Contact Person**

**Street Address**

**State/Zip**

**Phone**

**Email**

**Donor's Signature**

**Limitations or Restrictions** *(The Gala takes place September 14, 2024. Please include an expiration date, if applicable, that will not expire prior to the actual event. Our suggestion is 18-24 months after the event.)*

On behalf of Camp Sunrise, we would like to express our gratitude for your tax-deductible gift. Camp Sunrise is a non-profit organization and we sincerely appreciate your contribution. Please include a business card, brochure, newspaper reviews, photograph, or other information that we may use to promote your item or your business, to be displayed with your donation, which could optimize the successful sale of your donation. Camp Sunrise is a 501 (c)3 organization. All donations are tax deductible. Federal Tax ID# 85-3371198.

**Donation:**

\_\_\_ Enclosed

\_\_\_ Will be delivered to address below

\_\_\_ Needs to be picked up

**Gift Certificate:**

\_\_\_ Enclosed

\_\_\_ Will be delivered to address below

\_\_\_ Please a create certificate

**Please return this form (keep one copy for your records) with your donation to:**

11185 Stratfield Court  
2nd Floor,  
Marriottsville, Maryland 21104

Please feel free to contact us with any questions at [gala-chair@campsunrisemd.org](mailto:gala-chair@campsunrisemd.org).