



Donor Name: _____ Contact Person: _____

Address: _____ City/Zip: _____

Telephone: _____ Email: _____

I WOULD LIKE TO DONATE THE FOLLOWING ITEMS TO THE NIGHT OF DREAMS AUCTION

_____ Donor Value of this item: \$ _____

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I WOULD LIKE TO PLACE AN ADVERTISEMENT IN THE AUCTION CATALOGUE

Please send in your ad/logo in a jpg digital file to auction@smmschool.org.

Inside Back Cover.....\$400
Full Color

Quarter Page (2.5x4).....\$75

Full Page (5.5x8.5).....\$250

Half Page (5.5x4.25).....\$150

I WOULD LIKE TO BE A SPONSOR

Gold Sponsorship: \$2,500

Silver Sponsorships: \$1,500

Bronze Sponsorships: \$750.00

I WOULD LIKE TO MAKE A DONATION IN SUPPORT OF THE AUCTION \$ _____

Check - payable to St. Mary Magdalen Catholic School

Bill my - MasterCard VISA Amex Discover (please circle one)
Account # _____ Exp. Date _____ Authorization Code _____

Signature _____

**Please return completed form to SMM School, Auction Committee,
869 Maitland Avenue, Altamonte Springs, FL 32701 or fax: (407) 339-9556 or
email auction@smmschool.org**