



Auction Donation Form

Donor Name/Contact: _____

Donating Company Name: _____

Name to be recognized: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Description of Donated Item(s):

1. _____ Fair Market Value of Item: \$ _____

2. _____ Fair Market Value of Item: \$ _____

3. _____ Fair Market Value of Item: \$ _____

Special Instructions and/or comments:

Donation Deadline: Friday, April 3rd, 2026

Event Date: Saturday, May 2nd, 2026

I prefer my donation to be anonymous Please have someone pick-up the item(s)

Gift Certificate enclosed Item(s) enclosed

Gift Certificate Required (*Please create using the information provided*)

I will deliver the item(s)

Delivery/Pick-up Details: _____

Signature: _____ Date: _____

Return completed forms to: doyola@columbusmontessori.org or mail to:
Columbus Montessori Education Center, 979 S. James Road, Columbus, Ohio 43227

Columbus Montessori's Federal Tax ID: **31-1105385**