

Pkg. #

Item #

# PS 9 Benefit Auction

## Parents of PS 9 / March 10, 2012

### Donor

Name (Company or Individual. Please write as you would like your name to appear in our auction materials)

Address City State Zip

Name of Contact Person Phone

Email Address

Signature Date

### PS 9 Family Contact

Name Email Phone

Child's Full Name Class

### Donation

Please provide detailed description as it will appear in the catalog (attach additional pages if needed)

- Tax-deductible donation made payable to Parents of PS 9  Gift Certificate  Present this form to redeem  
 Item enclosed  Item not enclosed, I will deliver it

Special Instructions or Restrictions

Estimated Value Expiration Date

#### Please mail this form along with the donation to:

Parents of PS 9 Inc., PO Box 977, Planetarium Station, New York, NY 10024

Tax ID: 13-4106823

Donation Questions? Sarah Gardner 212.724.0807 or sgardner100@gmail.com