



The Arc of King County's Legacy Gala &

Masquerade

Procurement Form

Date: _____

Business Name: _____

Contact Person: _____

Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Would you like an invitation to the event? Yes No

Fair Market Value (Required): \$ _____

DESCRIPTION OF ITEM FOR CATALOG
Including quantity, size, color, number of persons, rights and restrictions - including expiration date.

Restrictions (If any): _____
Expiration Date: _____
Date Restrictions: _____
Max. People: _____
Other: _____

Tangible/Physical Item

- Item will be delivered with Procurement Form
- Item will be delivered later ___/___/___
- Item is part of a package

Intangible Item/Gift Certificate

- Gift Certificate delivered with form
- Gift Certificate will be delivered later ___/___/___
- The Arc of King County will create the certificate

The Arc of King County
233 6th Ave N Seattle, WA 98109

Tax ID#: 91-0594684

arcofkingcounty.org

Please contact Marci Asher, with any questions.
masher@arcofkingcounty.org

Office Use Only

Employee: _____

Phone: _____

Email: _____

SF: TY: Ref. Code: _____

Auction Item Number: _____