



The Lutheran Camping Corporation of Central Pennsylvania

Quilt Auction Donor Form
November 6, 2011

Complete one form for **each** item donated; please print clearly.

Congregation or individual donating item: _____
(This name will appear in the program)

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

1. Name of your item: _____

2. Estimated value of your item: _____

If your item is a quilt:

3. Size of your quilt: Width _____ Length _____

4. Our quilt is: (circle all that apply)

Machine Pieced Hand Pieced Embroidered Other _____

Machine Quilted Hand Quilted Tied Appliquéd

5. Fabric content of top? _____ batting? _____ back? _____

6. How should your quilt be cleaned? _____

7. How many people worked on your item? _____ Hours to make your item? _____

8. Did a Thrivent branch contribute a matching grant for your item? Yes No

If yes, branch name _____

Please write a description of your item for the program, and please include dimensions, materials, care instructions, etc.
