

DONATION FORM

To donate item(s) to the (live or silent) auctions, please sign and return this form by April 1st.



A Night for Fulfilling Dreams

DONOR INFORMATION

Name _____

Company _____

Title _____

Address _____

City, State, Zip _____

Phone _____

Mobile Work Home

Alt. Phone _____

Mobile Work Home

Email _____

Signature _____

ITEM INFORMATION

Please provide information as you would like it to appear in the event program.

Feel free to include promotional items to be displayed at the auction!

Donated item, service or experience _____

Description _____

Estimated fair market value \$ _____ **Expiration date (if applicable)** _____

Special Instructions (restrictions and exclusions) _____

OFFICE USE ONLY

Item # _____

Minimum Bid \$ _____

Section _____

Increase \$ _____