

## Silent Auction Donation Form

Company Name (please	print)		
Contact Name:			
Address:			
City:		State:	Zip Code:
Telephone:		Email:	
Donation Description:			
Expiration date (if applica	ble):		
Quantity:	_ Item Value: \$	То	otal Donation: \$
Brochures, busi	ness cards or additiona	al literature are	requested with your donation.
Please include this form a	along with your donatio	on by Septembe	r 30, 2019. Mailing address is:
	-		ee
Any questions or to reque 431-3729 or by email ann	•	• • •	se contact Ann Marie Stone at 331-
Would you like a letter acknowledging your tax-deductible contribution?			
Thank you for your donation!			
Office use: Date re	ceived:/	Catego	ory: Item #