



AUCTION GIFT-in-KIND DONATION FORM

Company: _____
Name of Donor: _____
Address of Donor: _____
City, State & Zip: _____
Telephone: _____ E-Mail _____

ITEM INFORMATION - ONLY ONE ITEM PER FORM

Item Donated: _____
Short Description: _____

Fair Market Value of Item: _____

Name of Solicitor: _____
Solicitor eMail: _____
Solicitor Phone #: _____

Donor Signature: _____ Date _____

For Auction Committee Use:	Date Item Rec'd. _____	Item#: _____	Thank You Sent <input type="checkbox"/>
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