

34th Anniversary Gala

Silent Auction Item Submission Form



Please fill in this form and submit with your basket(s) or item, so that we can properly describe it at the silent auction.

(new items only, please)

Your Name: _____

Phone Number: _____

Email: _____

Item #1 Description of Contents:

Value:

1. _____
2. _____
3. _____
4. _____
5. _____

Item #2 Description of Contents:

Value:

1. _____
2. _____
3. _____
4. _____
5. _____

Information for donation acknowledgement:

Business Name: _____

Contact: _____

Address: _____

Phone Number: _____