



Silent Auction Donation Form

Donor Representative Name: _____

Donor Company Name: _____
(As you would like it to appear in event program)

Mailing Address: _____

Email: _____

Phone Number: _____

Description of item or service being donated: _____

Approximate retail value: _____

Please check if you want us to pick up your donation.

Thank you for your support!

Please return this form or email this information to Christine Kullman by
October 1, 2018 at ckullman@allypeoplesolutions.org

