



**Item #** \_\_\_\_\_ (to be filled out by Silent Auction Chairperson)



## **Silent Auction Donation Information Sheet**

**Item:** \_\_\_\_\_

**Value:** \_\_\_\_\_

**Donated by:** \_\_\_\_\_ **Business (if applicable)**

\_\_\_\_\_ **Individual**

\_\_\_\_\_ **Address**

\_\_\_\_\_ **City, Zip Code**

(    ) \_\_\_\_\_ **Phone Number**

**Special instructions (how to redeem, expiration date .... ):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Anything to return to donor: YES**  **NO**

**If yes, what:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_