



24th Anniversary - Celebration of Champions
Silent Auction Donation Form



Donor Name/Company		Contact Name & Phone Number	
Individual or Company (as it will appear in Gala Program)		Contact First and Last Name	
Address/Street	City	State	Zip Code
Phone Number	Cell Number	E-Mail	
Name of Donated Item: _____			
Description of Donated Item(s). <i>Please be as specific and detailed as possible.</i>			
Donor Stated Retail Value: \$ _____			
Restrictions: <i>(Please state any limitations, blackout dates, deadlines, advance notices or other special restrictions)</i>			
Please include any additional material you would like us to use to market your business/product. For example: brochures, menus, business cards, etc.			

ITEM COLLECTION

<input type="checkbox"/> Item Accompanies Donor Form	<input type="checkbox"/> Please Pick Up Donation	<input type="checkbox"/> Please Create a Gift Certificate for Donation
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Donor Signature _____ **Print Name** _____ **Date** _____

Item Procured by: _____ **Phone** _____ **Date** _____

Questions? Please contact Ann Edenfield Sweet, AnnEdenfield@WingsFLI.org, 505.291.6412
 Wings For LIFE International: www.WingsForLIFEInternational.org; 505.298-0985

Thank you for your generous support of the 24th Anniversary **Celebration of Champions!** I, donor, listed in "Donor Name/Company" box above; hereby donate the above item(s) to Wings For LIFE International for the purpose of a benefit auction and understand that all proceeds from the auction will benefit the agency. I also understand that the auction reserves the right to set minimum bids and is under no obligation to inform the donor of the price at which the item was sold.

For Internal Use Only	
Item Received _____	By _____
Initials _____	
Item Location _____	
TY/Tax Form Sent _____	
Gift Certificate Provided? _____	Needed? _____