

Auction Donation Form

to benefit
CAPTAIN Community Human Services

Company/Donor Name _____

Contact Person/Title _____ Phone _____

Address _____

City _____ State _____ Zip _____ E-mail _____

Full Description of Item (please attach additional information if needed) _____

Specific Instructions/Limitations/Conditions/Restrictions/Specific Dates if applicable _____

Estimated Value (each) \$ _____ Donor Authorized Signature _____

NOTE: Each auction item will be displayed at the event with company credits,
item description and estimated value.

___ Donation will be delivered. By whom? _____ Date _____ Time _____

___ Donation will be sent. By whom? _____ Date _____



CAPTAIN
Community Human Services

For more information, please contact:

Name _____

Phone _____

Email _____

PLEASE RETURN THIS FORM NO LATER THAN _____.