



Hollis Old Home Days

Silent Auction Item Donation Sheet

Please fill in completely

DONATION ITEM INFORMATION

Item Name: _____

Fair Market Value: _____

Item Description: _____

Expiration Date: _____

Item is: _____ Tangible _____ Gift Certificate

Item will be: _____ Dropped Off _____ Picked Up

DONOR INFORMATION

Donor is _____ Individual _____ Business

Contact Name: _____

Business Name: _____

Address: _____

City, State, Zip _____

Telephone Number: _____

Email Address: _____

Solicited By:

Name: _____