

Tuesday, August 9, 2022
Silent Auction Donation Form



Donor Organization or Individual's Name: _____

Contact Person & Mailing Address: _____

Description of Item(s) Donated: _____

Name of volunteer who obtained the donated item: _____

Market Value: \$ _____ Minimum Bid: \$ _____
(Unless otherwise specified, we will use a minimum bid of 50% of the value listed)

Use Restrictions, if any, _____

The Center for Health and Hope is a 501©3 non-profit. Tax ID: 20-4199173
For more information, please contact Ruth Ann Russell, ra-russell@comcast.net, 303.726.6632,
(303) 877-1955 or globalaids@gmail.com

Please email this form to: Center for Health and Hope
ra-russell@comcast.net by July 25, 2022
A receipt will be issued for tax purposes.