



All Souls Auction

Saturday, Oct. 21, 2017

2017 Donation Form

PLEASE PRINT!

Donor Name _____ Phone (H) _____

(Cell) _____ Best time to call _____

Address _____

E-Mail _____

City _____ State _____ Zip _____

DONATION DETAILS

Item Title _____

Is this an Event? (circle one) Yes No # Offered _____
(if Yes, fill in Date & Time below) (for Event, this is # of Seats Available)

Value per Offering/Seat _____ Minimum Bid _____

Description _____

Date & Time of Event _____ Backup Date _____

Notes (continue on back): _____

Auction Admin Only: DB entry date _____ Entered by: _____