



17th Annual Big Night Out – Taste of Covina
Thursday, June 22, 2017 - Heritage Plaza
Silent Auction/Donor Contribution Form

Company/Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____

Items Donated: _____ Merchandise for Silent Auction
_____ Service

Brief Description: (Quantity, Size, Color, Services Included/Excluded, Dates Available and Restrictions):

Estimated Value of Gift: \$ _____ (Items less than \$100 value may be combined with other items donated)

Please Indicate:

<input type="checkbox"/> Gift Certificate Attached	Received By _____
<input type="checkbox"/> Please use this form as a Gift Certificate	Date _____
<input type="checkbox"/> Gift to be delivered (By 06/17/16)	
<input type="checkbox"/> Please Pick Up: _____	
<input type="checkbox"/> Other: _____	

Authorized Signature

Date

Your donated items will assist the Covina Chamber of Commerce in our Annual Program of Work. A receipt for merchandise will be issued to you if requested. You may fax this form to the Chamber at (626) 966-9660. Thank you in advance for your contribution! Note: We are a tax-exempt organization under the tax code section 501(c)6. Our tax ID # is 95-1604946.

Covina Chamber of Commerce
935 W. Badillo St., Suite 100
Covina, CA 91722