

Sebastian River Area Chamber of Commerce

28th Annual Media Auction

DONATION

Item name _____**Item Type*** _____**Category*** _____

Certificate	<input type="checkbox"/> None	<input type="checkbox"/> Included with form	<input type="checkbox"/> Donor will send	<input type="checkbox"/> software to generate
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Item	<input type="checkbox"/> Received	<input type="checkbox"/> Donor will deliver	<input type="checkbox"/> Arrange pick up
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Value _____**Value Type** _____ Estimable Priceless**Item description** _____

DONOR

 Business Individual**Business or Individual's name** _____**Affiliate*** _____**Donor type*** _____**Anonymous** No Yes**Address 1** _____**Address 2** _____**City, state, zip code** _____**Fax** _____**Phone 1** _____**Phone 2** _____**Email** _____**Donor notes** _____

Contact person(s), if donor is a business

Contact 1 _____**Phone** _____**Contact 2** _____**Phone** _____

SOLICITOR

Name _____**Phone 1** _____**Phone 2** _____**Email** _____**Donor signature** _____**Date** _____

* indicates an optional picklist field. For picklist choices print report PICKLIST from general event reports.
 Sebastian River Area Chamber of Commerce Tax ID # 59-0833568