



AUCTION DONATION FORM

YOUR INFORMATION

Please check the box of the name(s) or business name(s) you would like to have listed on our auction program with your donation. Please list names as you would like them listed in the program.

- Primary Donor Name: _____
- Additional Donor Name(s): _____
- Donor Business Name(s): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____ Email: _____

ITEM INFORMATION: Tell us about your item to help us make it shine!

FAIR MARKET VALUE:

\$ _____
(this helps us determine starting bids, and may be useful for your taxes)

CLOTHING

Type of clothing: _____

Size: _____

Care Instructions: _____

ART

Check any of the following that may apply:

- Original
- Medium
 - Print
 - Oil
 - Acrylic
 - Pottery/Sculpture
 - Wearable Art/Fiber
 - Other: _____

Title: _____

Name of Artist(s): _____

GIFT CERTIFICATE

Certificate is for: _____

Expiration Limitations: _____

Other:

Item: _____

Description: _____

Tax ID # 47-4709774

*Nourishing Minds.
Growing Futures.*

82 21st Ave., Suite B
Longmont, CO 80501
wildplumcenter.org

For office use only: Item # _____ GW TY Date: _____