



DONOR/BUSINESS (enter donor/business name as it should appear in print)

Business Name: _____

Contact Name: _____

Mailing Address: _____

City/St/Zip: _____

eMail: _____

Phone: () _____

DONATION INFORMATION

Value: \$ _____

Category:

<input type="checkbox"/> Art	<input type="checkbox"/> Home Goods
<input type="checkbox"/> Clothing	<input type="checkbox"/> Jewelry
<input type="checkbox"/> Event/Tickets	<input type="checkbox"/> Service
<input type="checkbox"/> Gift Basket	<input type="checkbox"/> Travel
<input type="checkbox"/> Gift Certificate	<input type="checkbox"/> Other: _____

Item Description (include size, color and detail)

INTERNAL USE ONLY

Received by: _____ **Date:** _____

Title: _____

Type: Silent Live **Auction Item #:** _____

Starting Bid: _____ **Increment:** _____ **Buy it Now Amt:** _____ **Reserve Amt:** _____

Display Needs: table easel floor easel dress form jewelry case electric Other: _____

Packing: Small Gift Bag Med. Gift Bag Large Gift Bag Wrapped Tag Only Box

Notes: _____

Upon completion, click save and then email the completed form to ccsnb@ccasnm.org or call (505) 724-4693 with questions.