

For further inquiries call Robin 467-3934, Kelly 223-3209, or Ali 303-6030

Name of Donor _____ Phone# _____

Name of Business _____

Address _____

Name to be listed in catalogue _____

E- mail Address _____ CRNMC receipt given _____

Declared Value of item _____ Minimum Bid accepted _____

Item _____ (Number assigned) _____

Description _____

When & Where to be collected _____ Will be given to _____

Gift Certificate: Provided ____ To be made ____

Person soliciting/ collecting the item _____ Phone # _____

For further inquiries call Robin 467-3934, Kelly 223-3209, or Ali 303-6030

Name of Donor _____ Phone# _____

Name of Business _____

Address _____

Name to be listed in catalogue _____

E- mail Address _____ CRNMC receipt given _____

Declared Value of item _____ Minimum Bid accepted _____

Item _____ (Number assigned) _____

Description _____

When & Where to be collected _____ Will be given to _____

Gift Certificate: Provided ____ To be made ____

Person soliciting/ collecting the item _____ Phone # _____