

## Friday 11.12.21 AUCTION CONTRIBUTION FORM

| Committee Member: |  |
|-------------------|--|
|                   |  |

| Chaired by Kim Bannister                      |                                                                                                                           |                        |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------|
| Donor Name (exactly as to appear in print): _ |                                                                                                                           | ANONYMOUS              |
| Contact Name (if donor is a company):         |                                                                                                                           |                        |
| Full Address:                                 |                                                                                                                           |                        |
| Cell/Phone #:                                 | Email address:                                                                                                            |                        |
| Website:                                      |                                                                                                                           |                        |
| <b>DONATED ITEM</b> Please use sepa           | arate from if more than one item is dor                                                                                   | nated.                 |
| ☐ Gift certificate enclosed                   | ☐ Item to be delivered on                                                                                                 |                        |
| Item enclosed                                 | ☐ Item needs to be picked up b                                                                                            | y HFC on (date)        |
| ITEM DESCRIPTION                              |                                                                                                                           |                        |
| Name of item donated:                         | Item Value: \$                                                                                                            |                        |
| Manufacturer/Company:                         | Expiration Date:                                                                                                          |                        |
| Complete description of item:                 | (favor bag items must b                                                                                                   | e a minimum of 70)     |
|                                               |                                                                                                                           |                        |
|                                               |                                                                                                                           |                        |
| All items to be collected n                   | o later than November 5th, to be included in print                                                                        | t materials.           |
| PO Box 831087 Richardso                       | for your records and return the original donation to: n, TX 75083 • myagelski@heroesforeforchildren.org • EIN: 83-0489882 |                        |
|                                               | cial and social assistance to familie exas, with children (0-22)                                                          | s, within the state of |
| FOR INTERNAL USE                              |                                                                                                                           |                        |
| Phone:                                        | Section #: SILENT                                                                                                         | ☐ FAVOR BAG            |

Date Received: \_\_\_\_\_\_ TY Written: \_\_\_\_\_