

Silent Auction Donor Form

Date Donated: _____

Date Item Received: _____

Full Item Description: _____

FAIR MARKET VALUE: \$ _____ MINIMUM BID: \$ _____ (Donor estimate)

SIGNATURE OF DONOR: _____

Required Information **

**Donor or Contact Name: _____

**Business Name: _____

**Address: _____

**City: _____ **State: _____ **Zip: _____

**Phone: _____

**Email: _____ **Web address: _____

BENEFICIARY: Designate a charity

☐ Courtney's House

☐ Global Centurion

☐ Urban Light

☐ Capital City Ball

DELIVERY: Item or Certificate must be received no later than Friday, October 26, 2013

Item is a service: Certificate or Letter to be delivered

Item is enclosed

Item to be picked up from donor

Item to be delivered or shipped

RESTRICTIONS: List any restrictions such as expiration dates, black-out dates, etc.

SOURCE: Enter name of person who received the donation

Instructions:

Complete all sections of this form and Mail, Fax or Email to Capital City Ball.

Please include certificates, brochures or other descriptive material.

Address: Capital City Ball, 3208 Volta Place NW, Washington, DC 20007

Phone: 703-675-0711 • Fax 202-518-8208 • Email: SilentAuction@CapitalCityBall.org