

**Silent Auction Donation Form**

**Donor Representative Name:** \_\_\_\_\_

**Donor Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Description of Items or services being donated:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approximate Retail Value:** \_\_\_\_\_

**THANK YOU FOR SUPPORTING  
SPECIAL KNEADS AND TREATS, INC.**



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