Silent Auction Donation Form

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Donor Representative Name:	Donor Representative Name:
Donor Company Name:	Donor Company Name:
Mailing Address:	Mailing Address:
Physical Address:	Physical Address:
EMAIL:	EMAIL:
Phone Number:	Phone Number:
Description of Items or services being donated:	Description of Items or services being donated:
Approximate Retail Value:	Approximate Retail Value:

THANK YOU FOR SUPPORTING SPECIAL KNEADS AND TREATS, INC.



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