Los Angeles Chapter of ABOTA 2016 Silent Auction Donation Form for 12.14.16

Please use one form per item	Please	use	one	form	per	item
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Office Use only:
Item number:

Donor Name:		
Contact Name (If donor is	a company):	
City:	State:	Zip Code:
Phone:	Fax:	
E-mail:		
DONATED ITEM or CAS		e out to LA-ABOTA, Please print or
Name of Item Donated:		
Cost or Value:		
SERVICE OR GIFT CERT	IFICATE INFORMATION R	EQUIREMENTS
 Name of product or see Description of what is Name of person to con Name, address and fu Instructions on how to 	rvice included and what is excluded ntact for further information Il contact information for you or o redeem item	
Please give contact information	on and/or details for auction item	n retrieval: