

Silent / Live Auction  
DONATION Request



Donor Representative Name \_\_\_\_\_

Donor Company

Name: \_\_\_\_\_

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

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

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

Description of item or service being donated:

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

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

THANK YOU FOR YOUR SUPPORT!

PLEASE RETURN THIS FORM OR EMAIL THE SAME INFORMATION TO  
JESSICA AT 830-660-4727 OR [JESSICA@LENNON-AID.ORG](mailto:JESSICA@LENNON-AID.ORG) BY MONDAY,  
OCTOBER 16, 2017

