



**32<sup>nd</sup> Annual Benefit Auction**  
**Saturday, April 12, 2025**  
**6 pm to Midnight**

**PRODUCT/SERVICE ACQUISITION FORM**

DONOR: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

For Office Use
Item ID # _____
Lot # _____
Starting Bid \$ _____
Raise By \$ _____
Win it Now \$ _____

Est. Retail Value: \$ \_\_\_\_\_

ITEM/SERVICE DONATED: \_\_\_\_\_

**Please include a description of your donation for our catalog**

*If a service or gift certificate, please provide the business location and any limitations:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Instructions (eg for pickup, delivery) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Solicitor: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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