



CT 2020 Pink Aid 10th Anniversary Gala
October 2020

Auction Item Donation Form

PLEASE PRINT

Donated Item: _____

AUCTION ITEM INFORMATION

Donation Description: (All additional details, restrictions, black-out dates, etc.):

Donation Fair Market Value: \$ _____ Expiration Date (if applicable) _____

Does Pink Aid need to provide a gift certificate? (Circle One) YES NO

*Are you providing an image or logo for the online bidding? (Circle One) YES NO

*If yes, please email to: presidents@pinkaid.org

DONOR INFORMATION

Exact Donor Information Displayed in Program: _____

Donor Website: _____

Donor Name/Company: _____

Contact Name: _____

Contact Email: _____ Phone: _____

Donor Mailing Address: _____

City/State/Zip: _____

Pink Aid Solicitor: _____ Email: _____ Phone: _____