



Donor Form

FMHS Cheer Silent Auction

Retail Value: _____

Company Name: _____

Contact Name: _____

Address: _____

City: _____

Phone: _____ Email: _____

Donated Item: (complete description of item, model, size, color, dates, etc...)

Item limitations: (number of persons, time of year, expiration date, etc...)

Please Note: The Auction Committee might combine or split up items if it makes the item more marketable for auction.

Email any questions to: _____