



62nd VRPS Annual Conference
November 5-8, 2016
Silent Auction Donation Form

Company Name: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

URL: _____

Item Description: _____

Notes or Restrictions: _____

Expiration Date: _____

What is the estimated value of your donation? \$ _____

Return Donation Form with Donation Item to:

Blacksburg Parks and Recreation Department
ATTN: Dean Crane
615 Patrick Henry Drive
Blacksburg, VA 24060

dcrane@blacksburg.gov

FOR VRPS/COMMITTEE use only: **ITEM #** _____

SOLD TO: _____ **AGENCY/COMPANY:** _____

AMOUNT: _____ **PAYMENT:** _____ **DATE:** _____

Credit VRPS Service Area/Resource Group: _____