



63rd VRPS Annual Conference
October 21-24, 2017
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:

Hampton Parks and Recreation
ATTN: DeRocke Croom
22 Lincoln Street
Hampton, VA 23669

Derocke.croom@hampton.gov

FOR VRPS/COMMITTEE use only:

ITEM # _____

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

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

Credit VRPS Service Area/Resource Group: _____