



65th Annual Conference
September 8 & 9, 2019
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 donations? \$ _____

Return Donation Form with Donation Item to:

For VRPS/COMITE use only: Item# _____
SOLD TO: _____ AGENCY/COMPANY: _____
AMOUNT: _____ PAYMENT: _____ DATE: _____

Credit VRPS Service Area/Resource Group: _____