

Table # _____ Item # _____ (office use only)

ORANGEVALE ROTARY
P. O. Box 343
Orangevale, CA 95662
FAX: **988-5967 (Judy Nissila)**

Auction Contribution – 2007

Donor Name

Phone #

Donor Address

City

State

Zip

Donor Email Address:

How donor wishes to be listed in program (if different from above)

Item Name:

Description for program—include unusual features, age, ownership, design, size, color, dates, brand, model, antique, collectable, etc. PLEASE be specific:

Value: _____ **Solicited by:** _____

Restrictions:

Expiration Date:

Check as appropriate:

_____ *Gift Certificate Provided

_____ Item delivered with form

_____ *Gift Certificate Needs to be printed

_____ Pick Up required

*** Important: For Gift Certificates, please provide contact information if it differs from the donor above.**

Name of Contact: _____

Phone Number: _____ **Email:** _____