

Contact Person		
Company Name		
Donor Address City/State	/Zip	
Donor Phone	Donor Email	Donor Website (if applicable)
Name of Item Being Donat	ed (Please complete a separate form for e	each item)
Donated Item Description use additional sheets, as neo		and any other information to ensure proper understanding.) Pleas
Restrictions (Expiration da	te, blackout dates, etc.):	
Fair Market Value \$		Minimum Starting Bid $\underline{\$}$
Donor Signature:		Date:
Please choose ONE	:	
_This donation is a tang _Auction committee, ple _I will transmit this tan	certificate and is enclosed here. ible item and is enclosed here. ase create a certificate for this item igible item or certificate to the EMA kup by the auction committee, please	A office.

Please remit completed form(s)/item(s) to: Susan Isard at sisard@emamerica.org.