



Silent Auction Donation Form 2024
Tales of Piney Island
History of Story

Donor Representative Name/ Company Name: _____
Donor Address: _____
Email: _____
Phone Number : _____
Signature of Donor: _____

Description of item or service being donated: _____

Approximate Retail Value: _____
Specific terms, conditions and/or dates: _____

All Checks to be made out to: **Story Days Committee**
Please return this form by mail or email to:
storywydays@gmail.com
Story Days Committee
Po Box 427
Story, Wy 82842

Receipt of Donation to Story Days 2024

Item: _____
Value: _____
Non-Profit Tax ID number: 92-3148808
Received by: _____

Thank You for Your Support!!