



Silent Auction Donation Form

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:

StoryDaysAuction@gmail.com

Story Days Committee

Po Box 427

Story, Wy 82842

Receipt of Donation to Story Days 2023

Item: _____

Value: _____

Non-Profit Tax ID number: 92-3148808

Received by: _____

Thank You for Your Support!!

