



Silent Auction Donation Form

Donor Representative Name: _____

Donor Company Name: _____

Mailing Address: _____

Physical Address: _____

EMAIL: _____

Phone Number: _____

Signature: _____

Description of item or service being donated:

Approximate Retail Value: _____

Specific terms, conditions and/or dates:

All Checks to be made out to: **Story Day Committee**

Non-Profit Tax ID: 2001-000424076

Please return this form by mail or email to:

storywyodays@gmail.com

Story Days Committee

PO Box 427

Story, WY 82842

Thank You for your Support!