

Auction Contribution Form

Event:		

Name of Company	or Individual Do	onor			
Address:					
City:					
Phone #		_ (day time)	Alt Phone #		
Email:					
Description of Don					
Gift Certificate	Gift Item	Service	Other	Fair Market Va	lue \$
	it attached? Yes	No			
Champions Kids Ca organization and yo		_			
Donor Signature		Contact Person (PLEASE PRINT)		Contact Phone	
Questions? Please	call Kim Nash a	nt 832-449-37 Office U		nash@champion	skidscamp.org
Pick up pre-show	Buyer Pick-up	Info Sheet Att'	•	Acknowl. Sent	Pkg #
CKC Representat	ive Signature _				