

Silent Auction Donation Form

Business / Organization:

Address:

Phone #:

Fax #:

Contact Person:

Value of Donation:

\$ _____

Description of Item(s) (if necessary):

Please check one of the following:

Item(s) will be mailed

Item(s) to be dropped off at Adoption Center

Item(s) to be dropped off at event

Item(s) to be picked up after _____

Paperwork / Donations appreciated by Wednesday, July 1, 2010

Fax form to: (805) 339-0133
Mail form to: Canine Adoption and Rescue League
Attn: Stacy Prange
P.O. Box 5022 Ventura, CA 93003

Please feel free to include product and company information with your donation. A letter acknowledging your donations will be mailed to you, for your records, after the event.

___ No, I cannot participate this year, but please contact me next year.

___ No, I cannot participate, but enclosed is my donation for C.A.R.L.

Make checks payable to: Canine Adoption and Rescue League or C.A.R.L.