



2010 Auction Donation Form

Donor Name: _____

(as you would like it to appear in the Program / on the Website)

Auction Item Description** (Please be specific.)

Restrictions/Expiration Date (Please be specific.)

Retail / Fair Market Value: \$ _____

Contact: _____

(if different from Donor)

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

- We/I cannot participate this year, enclosed is a donation of \$_____.
- The Center for Puppetry Arts may create a certificate on behalf of the donor.

Item (please select one): Is included with donation form.

Will be delivered to Center for Puppetry Arts on _____ (date)

Will be picked up by _____ (name).

Donor Signature _____

Solicitor/Committee Member _____

Return to:

Center for Puppetry Arts c/o String Fling Auction, 1404 Spring Street NW, Atlanta, GA 30309

Fax: 404.881.5168 or Email: BarbaraLund@puppet.org

Questions? Contact Barbara Lund at 404.881.5118 or barbaralund@puppet.org

Thank you for your gift!