

Silent Auction Donation Form

Please submit this form with each gift

Feel free to attach or include any additional information about this item/service. You can share brochures, business cards, or other promotional materials to include next to your item at the event.

Donor's Name: (as you want it to ap				
Contact Person (if different than abo				
Address:				
City/State/Zip:	:			
Phone:		Emai	1:	
Retail Value:	\$	Sugg	ested Minimum Bid: \$	
Description of		service: (please include an	ny rescriptions, if applicable)	
				_
				_
Form of Donat	t ion: (check one)	Actual Item:	Certificate/Letter:	
Delivery of Do	onation: (check one)			
Email:			Request donation be picked up:	
If emailing donation, please email to: gallen@aclu-mn.org (attach this form)		•	If mailing or dropping-off donation, please send to: 2828 University Ave SE, Ste. 160, Minneapolis, MN 55414 (attach this form)	
Sign & Agree				
civil rights of pe the donor with a t specific event, ACI	e ople in Minnesota tax-deductible thank ; LU-MN reserves the i	. All donations become the you letter in a timely man right to use the donation to	e, protect, and extend the civil liberties and a property of ACLU-MN. ACLU-MN will provide her. In the event that the donation is not sold at a be their sole discretion for future events, initiatives, the Board of Directors of ACLU-MN.	
Contact Signatu	ıre:		Date:	
			<u>@aclu-mn.org</u> or 612-274-7795	

Item #:

For Auction Office Use Only:

Date Received: