



Silent Auction DONATION FORM

Company/Individual Name: _____
(Please list name as you would like it to appear in the program)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donation Information

Item(s) Donated	Estimated Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Total Donation Value: \$ _____

Detailed Item(s) Description: _____

Delivery Information

- Item(s) accompany this form
- Taste of HOME to generate gift certificate
- Donor will deliver to HOME Magazine on ____/____/____ (date)

Does this item(s) have display material? _____

Signature: _____ Date: _____

Please fax or mail this completed form to:

Taste of HOME Gainesville
4140 NW 37th Place, Suite D
Gainesville, FL 32606

For questions, please email

Megan@HomeMagazineGainesville.com

P: (352) 372-5854

F: (352) 372-5957