



Office Use Only	
Tracking #	_____
Lot #	_____
Item #	_____

Silent Auction to Benefit North Carolina 4-H: Donor Information Sheet

Donor Information:

Name (Personal or Business): _____

Contact Name (if different): _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Donated Item Information:

Item Description: _____

Approximate Value: _____ Number of Items: _____

Board/Faculty Contact:

Name: _____

Phone Number: _____ E-mail: _____

Questions? Contact:

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