

**FOR MMHF Use Only**  
Item #: \_\_\_\_\_  
Date Rec'd: \_\_\_\_\_

# 2020 Mental Health Champions' Banquet Silent Auction Donation Form

(Please print or type.)

**Donor's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_  
*(FOR BUSINESS OR ORGANIZATION)*

**Description of item:** \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_

**Estimated Dollar Value:** \_\_\_\_\_

**(Tax donation letter will be mailed to you after event.)**