



EDUCATION FOUNDATION

Share the Dream

Auction Donation Form

Donor Representative Name: _____

Donor Company Name: _____

Mailing Address: _____

City, State, Zip: _____

EMAIL: _____

Phone Number: _____

Description of item or service being donated

Exclusions or Expirations Dates: _____

Approximate Retail Value: \$ _____

Thank you for your support! Please return this form to the person who gave it to you or email the same information to Nicole Dufkis at d57edfoundation@gmail.com