

AUCTION DONATION – EXPERIENCE/TRIP

Name of Trip or Experience: _____

Place (if not specified above): _____

Timeframe for Use: _____ Length of Stay/Experience: _____

Max people accommodated: _____ Estimated Value: _____

Any restrictions: _____

Any other descriptions or things we should know: _____

CONTACT INFORMATION:

Donor Name: _____

Phone: _____ E-Mail: _____

Mailing Address: _____

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