



**Bayside Brunch**  
Anthony's Homeport  
Section \_\_\_\_\_

Catalog # \_\_\_\_\_

Catalog

**Silent/Live Auction Contribution**

(please print with ball point pen)

Donor Name: \_\_\_\_\_

Donor Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Donor Address: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ITEM:** \_\_\_\_\_

**FAIR MARKET VALUE:** \_\_ \$ \_\_\_\_\_

Detailed Catalog Description: (quantity, size, color, number of persons/nights, expiration dates, etc.)

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

Display item at Auction?	Yes	No
Promotional Material Provided	Yes	No
Delivery by donor?	Yes	No if yes, when? _____
Pick-up by auction representative?	Yes	No if yes, when? _____
Gift certificate enclosed	Yes	No
Auction Committee make certificate	Yes	No

**Please send me an invitation to Bayside Brunch**      **Yes**    **No**

Auction Representative: \_\_\_\_\_

Phone Num  Package Item with: \_\_\_\_\_

**THANK YOU!**

Your donation is tax deductible

**Please keep a copy for your records**

( ●white copy- auction representative ●yellow copy- donor receipt)

P.O. Box 13582, Des Moines, WA 98198  
Auction Questions(206) 878-1642 Fax (206) 878-2260