Los Angeles Chapter of ABOTA 2024 Live and Silent Auction Donation Form for 12/12/24

	Please	use	one	form	per	item
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Office Use only:	
Item number:	

CONTACT INFORMATION	(Please print or type)
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	ON (Flease print of type)	
Donor Name:		
Contact Name (If donor is	a company):	
Address:		
City:	State:	Zip Code:
Phone:	Fax:	
E-mail:		
		e out to LA-ABOTA, Please print or
Name of Item Donated:		
Cost or Value:		
Description of Item:		
CEDVICE OD CIET CED		FOLIDEMENTS
	TIFICATE INFORMATION R	nclude the following information in
the certificate or letter.	ertificate for a service, please if	nclude the following information in
• Name of product or s		
-	s included and what is excluded ntact for further information	
<u>-</u>	all contact information for you or	your company
• Instructions on how	to redeem item	
Include any additionDate of expiration	al information such as a photo or	description brochure as appropriate
Please give contact informat	ion and/or details for auction item	n retrieval: