



Silent Auction Contract

I. Contributor

Donor Name (as it needs to be listed in all publications) _____
Contact Name _____
Address _____
City, State, Zip _____
Phone _____ E-mail: _____

II. Type of Contribution

Type of Item donated _____
Designer name _____
Value of Item \$ _____
Description: _____

Gift certificate: _____ Any restrictions? _____
Expiration date (must be at least 6 months from event date) _____
TOTAL value of donation (if multiple items) \$ _____

Please keep a copy of this form for your record and return the original along with your auction donation to your committee member.

Committee member signature / Date

Donor signature / Date

Heroes for Children
Attn: Danielle Soffa
1701 North Collins, Suite 240
Richardson, TX 75080
(214) 256-5824 • fax (972)437-1443 • www.heroesforchildren.org
EIN 83-0489882

Heroes for Children is a non-profit organization providing financial and social assistance to families, within the state of Texas, with children (0-22 years of age) battling cancer.

For internal use only:

Item #: _____ Date received: _____

Silent auction section: _____ Live auction #: _____

Thank you note written: _____