



LIGHT THE PATH

Cerebral Palsy Awareness Transition Hope

SILENT AUCTION DONATION FORM

CONTACT INFORMATION (as you wish to be acknowledged in print / online materials)

Business Name: _____

Contact Name: _____

Street Address: _____

City, State, Zip _____

Phone Number: _____

Email Address: _____

Website Address: _____

DONATION INFORMATION

ITEM / SERVICE DESCRIPTION (including quantity, size, etc.)

RESTRICTIONS, BLACKOUTS, & SPECIAL INSTRUCTIONS

EXPIRATION DATE: _____ ESTIMATED VALUE: _____

- Donation attached To be delivered / emailed To be picked up

If possible, please set expiration one year from October 2022