



Silent Auction Donation Form

Donor Representative Name: _____

Donor Company Name: _____

Mailing Address: _____

Physical Address: _____

EMAIL: _____

Phone Number: _____

Description of item or service being donated

Approximate Retail Value: _____

Thank you for your support!

Please return this form or email the same information to
Elizabeth (elizabeth@lexrockchamber.com) or
Melinda (MClifton@shenandoahrehabcenter.com) by January 7, 2019.

Donations should be received at the Chamber office by **January 18, 2019**.