



Muscle Team

Auction Item Information

Item Name _____

Complete Item Description (**Please be as specific as possible. Include information such as: size, color, style, quantity, expiration date, any special exclusions, handmade, limited edition, one-of-a-kind, special-interest information, etc.**)

Special Restrictions _____

Item Value _____ Expiration Date(s) _____

Donor Information

Item Secured By (Committee Member) _____

Contact Name _____ Title _____

Donor Company _____

(This is the name that will be used for recognition, where appropriate.)

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Email _____ Website _____

Return this form along with your donated item to this address:

For Office Use Only

Category

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Entered in Maestro

Is the donation at the MDA office? Yes No

Is the donation an item? Yes No

Is the donation a gift certificate? Yes No

Does MDA need to create a certificate? Yes No

Does the donation require pickup? Yes No

Does the item need to be assembled? Yes No

Does the item need to be framed? Yes No

Is there any cost associated with the item? Yes No

Are there special display needs? Yes No

If so, explain: _____
