



For Auction Committee Use Only:
Item Number: _____

Minimum Bid: \$ _____

___ Item Received

___ Item Not Received

___ Item Entered into System

___ Tax Receipt Sent

___ Correspondence

Donation Form

Tax Exempt (501c3) #84-1046631

Name of Donor: _____ Phone _____

Name of Business (if applicable): _____

Address: _____

City, State, Zip: _____

Item: _____

Detailed Description: _____

Retail Value: _____ Offer Expires (if applicable): _____

Donor Signature: _____ Date: _____

Colorado Risk Reduction Network
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