# SILENT AUCTION FORM

## AUCTION ITEM INFORMATION

NAME (to appear in program): _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL: _____

EMAIL: _____ PHONE: _____

GALA COMMITTEE CONTACT: _____

ITEM DESCRIPTION:
*(size, colour, number etc.)*

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ITEM'S RETAIL VALUE: _____ ITEM READY FOR PICK-UP: _____

DONOR'S NAME: _____

**Thank you, please email form to auction@crystalgala.com**

THE Crystal Gala FOUNDATION EST. 1999

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