Silent Auction Form

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|  | **Colorado Melanoma Foundation**Mallets for Melanoma 2017 |

### **Donor Information (please print or type)**

|  |  |
| --- | --- |
| Company Name |  |
| Location |  |
|  |  |
| **Item Information Displayed on Website and at Event** | |
| Item Name/Title |  |
| Estimated Value |  |
| Description/Contents |  |
|  |  |
|  |  |
| Restrictions |  |
| (if applicable) |  |

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

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|  | Colorado Melanoma Foundation3124 S Parker RdAurora, CO 80014 |