



MT SPOKANE

-SKI RACE TEAM-

SINCE 1959

AUCTION PROCUREMENT FORM

DONOR INFORMATION

Business Name _____ Phone Number (_____) _____

Contact Person _____ E-mail _____

Address _____

City _____ State _____ Zip Code _____

AUCTION ITEM INFORMATION

Fair Market Retail Value (required) \$ _____

Item Description _____

Restrictions (if any) _____

Expiration Date _____

Other _____

OK to combine as package Yes No

- Tangible /Physical Item**
- Item delivered with Procurement Form
 - Item will be delivered later ___/___/___
 - Item is part of a package
- Intangible Item/Gift Certificate**
- Gift Certificate included with this form
 - Gift Certificate delivered later ___/___/___
 - Auction Committee will create certificate

MSSRT Contact Information for item (if different from above)

Name _____

Phone Number (_____) _____

E-mail _____

Note: Placemen in the silent or live auction by committee.
If expiration date is applicable but not stated, then expiration date will be one year from date of auction.