

RED RIBBON AUCTION 2016 DONATION FORM

(AIDSCAREOS.ORG/RED RIBBON AUCTION)

DATE:

Name:

Business Name:

PHONE:

Address:

City:

State:

ZIP Code:

Website:

E-MAIL:

Please select what information you would like to appear in our Auction.

- Name
- Business Name
- Phone

- Address
- Website
- Email

I WOULD LIKE TO DONATE:

- GIFT CERTIFICATE
- PRODUCT
- SERVICE
- _____

ITEM:

ITEM VALUE: \$ _____

ITEM DESCRIPTION: *Any additional information you would like included in the auction.*

Please submit digital LOGOS to Chris Dalpe at CHRISD@AIDSCAREOS.ORG

PLEASE RETURN THIS FORM BY SEPTEMBER 2, 2016

AIDS CARE OCEAN STATE

c/o Christopher Dalpe
18 Parkis Ave.
Providence, RI 02907

- I can deliver the item to AIDS Care Ocean State before _____
- I would like to arrange for someone to pick the item up. (Call 401-521-3603)

OFFICE USE ONLY: ITEM# _____

COPIED

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