

Cancer Council of Reno County
2024 Purse Auction

Donation Form

Donor Name: _____
(Please print as it should appear in the program and on mobile bidding)

Street Address: _____

City / State / Zip: _____

Cell Phone Number: _____

Email Address: _____

Contact Name (if business donor): _____

Item Description: _____

Market Value of Item: \$ _____

Special Instructions (optional): _____

Volunteer Who Obtained Donation: _____

Questions or suggestions?

Katie Brown | katie@cancercouncilrenocounty.org | 620.960.5380

PLEASE RETURN FORM + ITEM(S) BY JULY 5th, 2024
to your CCRC Committee Member

Disclaimer: All donations must be new and have an authentic price tag attached to the item or receipt