



# ARTISTS CONNECT.ORG

CHARITABLE AUCTION FORM

Date \_\_\_\_\_

Event Name \_\_\_\_\_

Event Date \_\_\_\_\_

Event Location \_\_\_\_\_

Anticipated Attendance \_\_\_\_\_

Established for \_\_\_\_ years

Contact Information:

Organization Information:

Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Items Requested:

Event Coordinator Signature: \_\_\_\_\_

Requested Prices and availability will be confirmed within 1 (one) week