

ABRN AUCTION DONATION FORM

Please fill out this form and turn in with each item donated:

Donated by:
Name: _____
Mail address: _____
City _____ State _____ ZIP _____
E-Mail _____
Phone _____

ITEM #1
Description _____
Value _____
Artist or Manufacturer _____
History and/or special features _____

ITEM #2
Description _____
Value _____
Artist or Manufacturer _____
History and/or special features _____

ITEM #3
Description _____
Value _____
Artist or Manufacturer _____
History and/or special features _____

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