



Empire Mental Health Support Auction Donation Form

Please complete all "donor" and "item" information and email, mail or fax to address below. **Date:** _____

Donor Information

Donation from Business/Individual Name: _____

Contact: _____

Donor's Address: Street _____

Business

Home **City:** _____ **State:** _____ **Zip:** _____

Donor's Phone Number: (_____) _____ **Email:** _____

Donor's Signature: _____

Email or Mail Completed Form To:

Empire Mental Health Support
ATTN: Phyllis Arends
PO Box 88631, Sioux Falls, SD 57109
Email: info@dancingwiththesiouxfallsstars.org

Donated Item Information

Detailed Item Description: _____

Item's Value: \$ _____ **Item's Expiration Date (if applicable):** _____

Item attached. Item not attached, it will need to be picked up

Committee Volunteer's Name: _____

Thank you for your support of the Empire Mental Health Support!