

SANTA SATURDAY AUCTION

Item# _____

Year 20 _____

Name/Company:

Address:

City:

State:

Zip:

Item Donated:

Approximate Retail Value: \$ _____

Minimum bid: \$ _____

Brief description of item:

Bidder # _____

Price paid: \$ _____

Bidder Name:

Phone Number:

E-Mail:

Address:

CASH

CHECK

CREDIT