

Solicited by: _____ Email/Phone: _____



AUCTION CONTRIBUTION FORM

Crested Butte Open

Please return completed form to the Adaptive Sports Center

Mail: PO Box 1639, Crested Butte, CO 81224

Email: emily@adaptivesports.org

Questions: 970-349-5075

Tax Identification #: 84-1063447

Contributor Information

NAME (Please print your name as it is to appear in all publications.)

ANONYMOUS

CONTACT NAME

PHONE

FAX

ADDRESS

Email

CITY

STATE

ZIP

Contribution Information

Value \$ _____

Physical Item

Gift Certificate: Provided

Please create one for me

Short description of contribution: _____

Restrictions/expiration date of item: _____

Unless otherwise noted, item will expire one year from date of event.

Image of item and logo:

Email to emily@adaptivesports.org

ASC to photograph item

To the extent possible, items will include a photo and a company logo.

Office Use

Received

Database

TY

Spreadsheet