

**DONATION FORM—please print**

MVUUC **Night of Stars** Service Auction November 3, 2018

Your name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Category** (circle one):      Service\*\*      Event\*\*      Item

**Location** (circle one):      Your home—city? \_\_\_\_\_      MVUUC

Other \_\_\_\_\_

**If home, circle facts about your home that may affect some guests:**

dog      cat      stairs      other \_\_\_\_\_

**Title of Service/Event/Item:** \_\_\_\_\_

**Date** \_\_\_\_\_      **Time:** \_\_\_\_\_

**Age group:** Adults only      Teens      Children      All Ages

**Description of Service/Event/Item:**

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**\*\*If applicable, # of seats/places** \_\_\_\_\_

**Value per bid, item, or person:** \_\_\_\_\_

**The Auction Committee reserves the right** to change the value of a donated item and to decide whether or not to include it in the auction. A tax receipt will be available for all donated items.

**Many thanks!!**