

Item #: _____

AuctionPay Entry: _____



AUCTION ITEM DONATION FORM

Date: _____ Business Contact: _____

Business Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____

Item Description: _____

Item Details (include restrictions, expiration dates, etc.): _____

Item Estimated Value: _____

Please Provide (circle one): Item Photo Brochure Gift Certificate

Where is the item now: _____

Delivery Information:

Will be picked up by: _____ When: _____

Will be dropped off by: _____ When: _____

How would you like your listing to appear in the auction program and on the website?

NMLC Contact: _____



**NATIONAL
MARINE
L I F E
CENTER**

Caring for Stranded Marine Animals

120 Main Street
P.O. Box 269
Buzzards Bay, MA 02532-0269
Tel: 508-743-9888
www.nmlc.org

Tax id#: 04-329-0276