

IACLEA Scholarship Silent Auction

Donor information:

Name: _____

Institution: _____

Address: _____

City: _____

State: _____ Zip: _____

Email address: _____

Business Phone: _____ Business Fax: _____

Item: _____

Estimated Retail Value of Item: \$ _____

Comments:

I understand that any item that is not sold at the Silent Auction may be used as a door prize during the Conference.

Donor's Signature

Date