

# Scholarship Auction Donation

## Contact Information

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_

State/Province \_\_\_\_\_  
Zip/Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Donation Information

Item \_\_\_\_\_  
Item \_\_\_\_\_  
Item \_\_\_\_\_  
Item \_\_\_\_\_  
Item \_\_\_\_\_

Fair Market Value \_\_\_\_\_  
Fair Market Value \_\_\_\_\_  
Fair Market Value \_\_\_\_\_  
Fair Market Value \_\_\_\_\_  
Fair Market Value \_\_\_\_\_

## Donation Descriptions

Please provide a brief description of each item.

Indicate below which association you would like your donation to be credited to:

APLS       NALS       UCLS       WFPS       ALL ASSOCIATIONS

- I will be delivering my donation to the Conference.  
 Please contact me to arrange for delivery of my donation.

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