



Silent Auction/Prizes Form

Information:

Name of Donor: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Auction Items

Description of Item:

*** Please send any applicable marketing materials with your certificate or item.*

Value of Item: _____ (required for IRS purposes)

TAX ID # 54-188468

Restrictions:

- Expiration Date: _____
- Valid from: _____ to _____
- Gratuity: Included Not Included
- Tax: Included Not Included

Other restrictions:

Christian Relief Services, 8301 Richmond Highway, # 900, Alexandria, VA 22309

For further information please contact our Philanthropy Department at

Phone 703-317-9086

Fax 703-317-9690

Email Amandam@christianrelief.org