

CLAYS FOR THE

Closet

AUCTION DONATIONS



COMPANY / DONOR NAME: _____
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____
 Website: _____

DONATION: (Please give a detailed description of the donated item(s) and their contents. Include all applicable restrictions.

Value of the item(s): \$ _____

Donation picked up by: _____ Date: _____

For more information about us:

www.colorfulclosetsama.org

