



Solicitor _____	
Phone _____	
Follow-up _____	

Auction Item Donation Form

Center for Independent Living of Northwest Florida, Inc. Federal Tax ID # 59-2288751

DATE _____

ITEM _____

NAME _____

DESCRIPTION _____

RESTRICTIONS _____

CONTACT PERSON NAME _____

PHONE _____ FAX _____

ESTIMATED MARKET VALUE _____ EXPIRATION DATE _____

DONOR INFORMATION (Individual and/or Business)

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____ WEBSITE _____

DONOR NAME(S) FOR CATALOG/PROGRAM _____

(List all individuals or corporate donors as they should appear in the catalog/program)

DONOR SIGNATURE _____

- Donor Provides Delivery– Date of Delivery _____ / _____ / _____
- Donor Provides Gift Certificate
- Donor Provides Promo Materials
- CILNWF Creates Certificate
- Donor Requests CILNWF to arrange for Pickup: _____

Location, Date and Time for Pickup

By Mail or Delivery: CILNWF, 21S. Tarragona St., Suite 101, Pensacola, FL 32502
 Call us: 850-595-5566 Email us: info@cilnwf.org

Donations received by June 30, 2025 will appear in program materials.