



SILENT AUCTION DONOR FORM

Donor Information

Donor Name: _____ Telephone: _____

Firm Name: _____

Address: _____

City/State: _____ Zip: _____

Please list donor in the Program as: _____

Donor Email Address: _____

Description of Donated Item(s)

Approximate Value: \$ _____

Gift Certificate Information

Valid for these dates: _____ Expiration Date: _____

Restrictions: _____

ITEM FOR: Women Helping Women Event (Spring) LaCASINO Event (Fall) Either Event

Check Item(s) Enclosed

Check Item(s) Not Enclosed

Brochures

Item(s) will be dropped off at LaCASA

Photos

Item(s) need to be picked up by LaCASA

Menus, tickets, etc...

LaCASA has my permission to create a Gift Certificate for this item on my behalf

Cash Donation

Please add my name to receive an invitation to your events.

Donor Signature: _____ Date: _____

**The Lake County Council Against Sexual Assault (LaCASA) is a 501(c)(3) not for profit charity.
For additional information contact LaCASA staff at 847-244-1187**

THANK YOUR FOR YOUR SUPPORT

Solicitors Name: _____