



**2019 Wags & Whiskers Event**

**Silent Auction Donation Commitment Form**

*Please complete one form per donated item. Return completed form(s) to [annie@csnip.org](mailto:annie@csnip.org) or mail to C-SNIP, 1675 Viewpond SE, Kentwood MI 49508. This form can be copied if donating more than one item. We would like to receive donated auction items/gift cards no later than 9/15/19.*

**Donation Information:**

**Name of item / service donated:** \_\_\_\_\_

**Brief description of item being donated:** \_\_\_\_\_

**Restrictions on use** (*service area, expiration date, etc*). \_\_\_\_\_

**Estimated Market Value of item:** *This is required by law for accounting records. Please enter a dollar value amount:* \_\_\_\_\_

**Donated By:** *Name of company/individual as it should appear in program.* \_\_\_\_\_

**Contact Details for point person:** *Name; Email; and Phone* \_\_\_\_\_

\_\_\_\_\_ I will drop off or mail my item to C-SNIP's clinic at 1675 Viewpond Dr SE, Kentwood, MI 49508

\_\_\_\_\_ Please contact me to arrange pick up for my donated item

\_\_\_\_\_ I would like C-SNIP to create a gift certificate for my donated item

**In lieu of donating an item, enclosed is my donation of \$\_\_\_\_\_** (payable to C-SNIP).

**I would like to purchase \_\_\_\_\_ tickets to the event. Tickets are \$45 each or \$50 after 10/4/19**

Please charge my credit card for my gift:  Visa  MasterCard  Discover

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City /State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_