

**CAPITOL CITY QUILT GUILD
SILENT AUCTION DONATION FORM**

Item Number: _____
(Leave blank - Internal use only)

Donors Name: _____
(Individual or Group Name)

Telephone No: _____
(Contact person if a Group)

E-mail Address: _____
(Contact person if a Group)

Donated Item: _____
(Quilt, wall hanging, table runner, etc.)

Dimensions: _____
(Width x Length - for display)

Minimum Bid: _____

NOTE: The minimum bid will be the amount listed on the bid sheet. If there are no bids for at least this amount by the end of the show, the item will be returned to the donor.

If no one has bid on this item by **5:00pm on Friday**, may the minimum bid amount be reduced? Yes No

If Yes, your absolute minimum: _____