



Auction/Raffle Item Donations

ITEM DESCRIPTION: (Please list description and names as you would like the item to be listed as in the event program)

Compliments of: _____

Retail Value: _____

Restriction/Block-Out Dates (if applicable): _____

How will Beak n Wings Receive the Item?

☐ Certificate Enclosed ☐ Beak n Wings to Provide/Create Certificate

☐ Beak n Wings will Pick Up - Where/When: _____

☐ Donor will Deliver to Beak n Wings ☐ Other: _____

Donor Name: _____

Company Name: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Signature: _____

THANK YOU!

Return this sheet with your contribution to: Beak n Wings, Inc. (Attn: Gala) or send by email to admin@beaknwings.org (Attn: Gala) *9010 Rosehill Rd., Ste B. * Lenexa, KS * 66215 *Questions? Please email admin@beaknwings.org or visit beaknwings.org