



NIGHT OF CHAMPIONS GALA

Auction Donation

Proceeds help support FCA Idaho

Thank you for your support!

Donor Information

First Name: _____ Last Name: _____

Business/Organization: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Donor Email: _____

Donation Information

☐ Cash Amount: \$ _____

*Make checks payable to **fca idaho** for a tax deductible receipt*

☐ Donation Description (size, color, brand name, limitations, etc.)

☐ Fair Market Value of Merchandise: \$ _____

☐ Cannot donate this year

Donor Signature: _____ Date: _____

Donor Contacted By: _____