

Benefit Title: _____

Beneficiary: _____



Auction Item Name: _____

Value: \$ _____

Item Description:

Minimum Bid: \$ _____

New bid must be at \$1 more than previous bid

Buy it Now Price: \$ _____

Donated by: _____

Closing Time: _____

Name (or Bidder Number)	Phone Number or E-mail	Bid Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		