



Date Received:

For Office Use
Item Number:

Please fill out form completely,
attach to item and return to:

Wayside Waifs
Attn. Fur Ball
3901 Martha Truman Rd.
Kansas City, MO 64137
816-986-4410
mmoody@waysidewaifs.org

Fur Ball Silent Auction Donation Form

Item _____

Retail Value Estimate

Donor Stated Value (you must provide a value) _____

Please check if you do not
want your name to appear

Please list how donor name should be listed _____

Company or Donor Name _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Email _____

Please provide a brief description of item for auction listing



Gift will be delivered: Yes _____ No _____ If No, date to be picked up _____

Gift Certificate provided by donor Yes _____ No _____ Gift Certificate created by Wayside Waifs Yes _____ No _____

Contact person(s) _____
Name Phone

Item solicited by: _____

DONOR SIGNATURE _____