



AUCTION ITEM FORM

Please retain a copy for your tax records.

Date _____

Company or Individual Name _____

Contact Name _____

Address _____ City, State _____ Zip _____

Phone _____ Fax _____

E-mail _____

I would like to support STOMP The Monster by donating:

Full Gift Description _____

Estimated Fair Market Value: _____ Time Limits or Restrictions: _____

Please indicate how your name should appear in program recognition:

I am unable to donate an item, please accept my contribution of \$ _____

Please remember to consider Employer Matching Gift Programs!

Payment Method: Check # _____ *Please make checks payable to STOMP The Monster.
(Mail to: PO Box 521, Marlboro, NJ 07746)*

Mastercard Visa Amex CC# _____

3 digit V-Code: _____ Exp. Date: _____

Name on Card: _____ Total Amount: _____

Signature: _____ Date: _____

Billing Address: _____

City/State/ZIP: _____

MAIL AUCTION ITEM ALONG WITH WHITE COPY OF THIS FORM TO:

STOMP The Monster • 1 Kings Ct. • Marlboro, NJ 07746

Fax 908-756-2890 • E-mail: info@stompthemonster.org

THANK YOU FOR YOUR SUPPORT!