



Proposed Auction Item Notification Form

Name of Auction Item/Experience: _____

Estimated Fair Market Value of Auction Item/Experience: \$_____

Solicitor Name: _____

Solicitor Address: _____

Solicitor Phone Number: _____

Solicitor Email Address: _____

Donor Name (if different from Solicitor): _____

Donor Address: _____

Donor Phone Number: _____

Donor Email Address: _____

Description of Auction Item/Experience:

Website (URL) associated with item/experience: _____

Please send any photos or additional information you have about the item/experience when you return this form to Courtney, event manager at Camp Mak-A-Dream, at Courtney@campdream.org.

If you have any questions or want to run ideas by someone, please call 406-549-5987 and ask to speak with Courtney or Kim.

THANK YOU FOR YOUR SUPPORT AND HELP IN MAKING OUR 25TH ANNIVERSARY GALA THE BEST CELEBRATION OF CAMP EVER!