For EODWF use only

ITEM NUMBER

Winning Bid #

Amount Sold For

AUCTION ITEM INFORMATION SHEET

(Please fill in ALL required information below)

Company or Individual Donating Item: _____

Company Point of Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Branch: _____

Email: _____

***Item(s) Fair Market Value**: $_____(Approximate guess is fine)

Please respond with your determination of the **Fair Market Value** for your in-kind contribution so we may record the donation appropriately.

* In accordance with the IRS, determination of value of these items is incumbent upon the donating organization.

Item(s) Description:

_____

_____

_____

_____

_____

_____

Please return form with items to: ***EODWF/ Attn: Auction / 716 Crestview Ave, Niceville, FL 32578***

Questions or concerns, please email the following: *Info@eodwarriorfoundation.org*