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KARMA LOVE FUND

Silent Auction

Yes! I would like to support the 2016 Karma Love Fund Silent Auction...

DONOR INFORMATION

Name:

Address: _____ City: _____ State: ____ Zip:

Contact Person:

Phone: _____ Email:

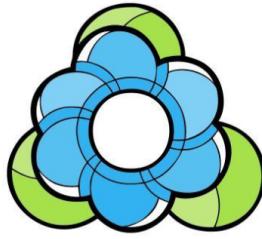
Signature:

Donate Item

Name: _____

Fair Market Value: \$ _____ (*determined by donor*)

Describe donation in detail, including any/all restrictions, conditions, and expirations dates:



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___ Item is: ___ Included ___ Will be available for pickup/delivery by
contacting _____

Other _____

—

___ I am unable to give an item, but would like to make a donation. Please accept the
enclosed donation of \$_____.

Thank you for your support!

Please return this form by March 15th to Maya Whole Health Studio or contact Malia.
Questions or comments? Contact Malia, Community Outreach Coordinator, at 425-271-0200 or
malia@mayawholehealth.com

Staff Use Only
Item #: _____