

# Gentle Doctor Benefit Auction Item Form

**Auction Items**

Item(s) Donated (Please include description. Items must be <b>NEW &amp; UNUSED</b> ).	Est. Value
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Name/Company to appear in Gentle Doctor Benefit promotions: \_\_\_\_\_  
(Donations can be made in honor of a pet or another person if you choose. Please write it here exactly as you would like it to appear.)

**Donor Information:**

Name and/or Company Name			
Address	City	State	Zip
Email and/or web address		Daytime Phone	

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