



Music Knows No Boundaries Auction Donation Form

Full Name _____

Company Name _____

Contact Name, if different from above _____

Address _____

City, State, Zip _____

Email Address _____ Phone _____

Description of item _____

Fair Market Value \$ _____

Restrictions / Instructions _____

Donor Name to be listed _____

Please pick up my item ___ I will drop off my item ___ Please create a certificate for my item ___

Address for pickup, if different from above _____

Donor Signature _____ Date _____

Questions? Please contact Liz Selig at liz.selig@MKNB.org or 713-907-8637