



CHARITY GOLF TOURNAMENT
Islamorada, Florida

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AUCTION ITEM INFORMATION FORM:

COMPANY NAME: _____

CONTACT PERSON: _____

BUSINESS ADDRESS: _____

PHONE: _____ EMAIL: _____

DESCRIPTION OF ITEM DONATED:

VALUE OF ITEM DONATED: _____

PERSON RECEIVED/PICKED-UP DONATION: _____

ADDITIONAL INFORMATION OR INSTRUCTION: _____