



Harvest of Hope

Auction Donation Form

Contact Name: _____

Phone: _____ Email: _____

Company Name: _____
(if applicable)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Item or Service Donated	Details, Restrictions, Expiration, Etc.	Donor Assigned Value
		\$
		\$
		\$
		\$

____ Yes, I wish for this donation to remain anonymous

For office use only:

Who accepted the donation? _____ Date: _____

Thank you letter mailed on _____ by _____

Email or Mail the Completed Form to:

Michele McCabe
Director of Development
804-569-6108 x 103
mmccabe@hkwhabitat.org

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