

## BLIND AUCTION BID FORM

Item: \_\_\_\_\_

Value: \_\_\_\_\_

Donated by: \_\_\_\_\_

Value: \_\_\_\_\_

Minimum Bid: \_\_\_\_\_



Bidder Name: \_\_\_\_\_

Bidder Phone: \_\_\_\_\_

Bidder Address: \_\_\_\_\_

Bidder Email: \_\_\_\_\_

Bid: \_\_\_\_\_

Only one bid per person.

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