



## AUCTION ITEM FORM

Please retain a copy for your tax records.

Company or Individual Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

I would like to support STOMP The Monster by donating:

Full Gift Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Fair Market Value: \_\_\_\_\_ Time Limits or Restrictions: \_\_\_\_\_

Please indicate how your name should appear in program recognition:

\_\_\_\_\_

I am unable to donate an item, please accept my contribution of \$ \_\_\_\_\_

***Please remember to consider Employer Matching Gift Programs!***

Payment Method: ☐ Check # \_\_\_\_\_ ***Please make checks payable to STOMP The Monster.  
(Mail to: PO Box 521, Marlboro, NJ 07746)***

☐ Mastercard ☐ Visa ☐ Amex CC# \_\_\_\_\_

3 digit V-Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

**MAIL AUCTION ITEM ALONG WITH WHITE COPY OF THIS FORM TO:**

**STOMP The Monster • 1 Kings Ct. • Marlboro, NJ 07746**

**Fax 908-756-2890 • E-mail: [info@stompthemonster.org](mailto:info@stompthemonster.org)**

**THANK YOU FOR YOUR SUPPORT!**