

CANTERBURY ENTERPRISES, INC.
EXTENDED EMPLOYMENT FOR PEOPLE WITH DISABILITIES
9TH ANNUAL SILENT AUCTION & TRIVIA NIGHT

DONATION REGISTRATION

Name of Donor: _____ Date: _____

Email address: _____

Donor's Name Printed (as it should appear on the auction bid sheet):

Please check box if you *do not* want your name to appear on the bid sheet.

Address: _____

City: _____ State: _____ Zip: _____

Donors Signature: _____

Donor's Phone: _____

Item Description: _____ Retail Value: _____

Gift is enclosed
 Gift will be delivered to Canterbury Enterprises, Inc. by: _____

Please have someone pick up gift at:

Location address: _____

Contact Name: _____ Phone: _____

Gift solicited by: _____

THANK YOU FOR YOUR GENEROSITY!

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