



KIXE Auction Donor Form

603 N. Market St.
Redding, CA, 96003
(530)243-5493 FAX (530)243-7443

Item #: _____

Item Name: _____

Acquired By: _____ Date: _____

Type of Donation:

Merchandise

Gift Certificate

Made by: KIXE Donor

Merchandise & GC

Board Type: _____

Auction: _____

of Items: _____

Dollar Value: _____

Starting Bid: _____

Please give legible description of the item including restrictions.

Includes: model number, color, features, brand name item name, size, etc.

Exchangeable Yes No

Expiration Date: _____

Service Area: _____

Restrictions: _____

Business Name:

Physical Address:

City: State: Zip: Phone:

Mailing Address:

City: State: Zip:

Email: Website:

Contact: Title:

List 3 key points about your business (to be read on air):