



Special Olympics
Montana

2010
World of Winners
Online Auction
Item Information Form



Donor Information

Name _____

Company _____

Address _____

City, ST, Zip _____

Phone _____

Email _____

Solicitor Information

Name _____

Phone _____

Email _____

Credit to: State: _____ Area: _____ Local Program (please specify program): _____

Title for Online Auction Item: _____

Retail Value of Item for Auction: \$ _____

In-kind Form Distributed: Yes No Donor's Website: _____

Certificate Included: Yes No Note Exclusions or Expiration Dates: _____

Size of item (if applicable): _____

Description: _____

- If you combine several items to make a package, each item must have an Item Information form listing donor information, retail value and in-kind form distribution. Please write only one description and title for the entire package. Staple together all paperwork.
- **WE WILL NOT ACCEPT NOR POST ITEMS WITHOUT ALL LINES/BOXES COMPLETED IN THE SUBMISSION FORM.**
- **ALL PAPERWORK AND ITEMS MUST BE TO THE SOMT OFFICE ON/OR BEFORE OCTOBER 15, 2010.**
- Mail to: SOMT Office, P.O. Box 3507, 710 1st Avenue N, Great Falls, MT., 59403-3507
- All items must be new or antiques and memorabilia accepted with a certificate of authenticity.
- Questions? Contact Gillian Browne, SOMT Special Events Director at gbrowne@somt.org or 800-242-6876 (MT only).

Administrative Use Only:

Item No _____ Package No _____ In Office Inventory _____ Photo _____