



## NHPA Scholarship Foundation Annual Silent Auction Auction Donation Form

Business/Name of contact person: \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Donation: \_\_\_\_\_

Brief Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Donation Value: \_\_\_\_\_ Do you wish a minimum bid? \_\_\_\_\_ If so, amount? \_\_\_\_\_

If donation is an event, proposed date and time: \_\_\_\_\_

\_\_\_\_\_

Donation Deliver: Date \_\_\_\_\_ Time \_\_\_\_\_

Donation Pick-up: Date \_\_\_\_\_ Time \_\_\_\_\_

NHPA Scholarship Foundation - Non-Profit ID number: 45-4482842

Attn: Cheryl Abel

1260 Elm St.

Manchester, NH 03101

Email: [nhpascholarship@gmail.com](mailto:nhpascholarship@gmail.com)

THANK YOU FOR SUPPORTING The NHPA Scholarship Foundation  
*OVER 100 YEARS OF SUPPORTING FUTURE PHARMACISTS!*