

**Washington Association of Diabetes Educators  
Silent Auction Donation Form**

Individual/business/Company Name: \_\_\_\_\_  
\_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Description of Donation\*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Donation Value: \_\_\_\_\_ \$ \_\_\_\_\_

- Our donation is enclosed
- Our donation will arrive \_\_\_\_\_
- Need help getting donation to the meeting.

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Please return this form to:

Pat Haldi  
23316 E, Inlet Drive  
Liberty Lake, Wa. 99019  
phaldi@comcast.net