

Silent Auction Proxy Bids

All proxy bidders will be contacted the week following the auction regarding successful bidding. This form must be filled out with a signature and faxed to the Family Care Network at 805-392-4565 prior to **noon on Thurs., Sept. 16th.**

Your Information

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

Payment Information

VISA Mastercard American Express Discover Exp. Date _____

Name on Card _____ Billing Zip _____

Card No. _____ 3-Digit Security Code _____

I understand that these bids constitute a contract to purchase these items should they be awarded. I hereby authorize the bidding on the following items for the values stated.

Signature

Bidding (Please print clearly)

Brief Description of Auction Item	Your Maximum Bid for the Item
	\$
	\$
	\$
	\$
	\$
	\$
	\$

<i>Total bids not to exceed this amount</i>	\$
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<i>Admin. Use Only</i>	<i>Total Charge Amount</i>	\$
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