

Taste of the Central Coast 2009

Silent Auction Proxy Bids

Your Information

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

Bidding (Please print clearly)

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

Total bids not to exceed this amount \$

All proxy bidders will be contacted the week following the auction regarding successful bidding. This form must be completed and either submitted online or faxed to the Family Care Network at (805) 504-1861 prior to noon on Thursday, September 17th.