



Foundation for Ichthyosis & Related Skin Types, Inc.® (FIRST)  
**Silent Auction Bid Sheet**

Event Name, Organizer & Date: \_\_\_\_\_

Item for sale: \_\_\_\_\_

Donated By: \_\_\_\_\_

Value \$ \_\_\_\_\_

Minimum Bid: \$ \_\_\_\_\_ Minimum Bid Increase: \$ \_\_\_\_\_

NAME	ADDRESS	PHONE #	BID AMOUNT

GOOD LUCK....

Winner: _____ Winning Bid: _____ _____ Type of Payment: Cash _____ Check # _____ Credit Card: (circle one) Visa, MasterCard, American Express, Discover Credit Card #: _____ Expiration Date: _____ _____
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