



Auction Donor Form

Co-Chairs: Mabel Galoppi (305) 409-1624 and Meredith Burns (917) 660-4642

Item Name: _____

Detailed Item Description: (quantity, size, color and other information): _____

Restrictions (if any): _____

Item Value: \$ _____ **Suggested Minimum Bid:** \$ _____

Donation Date: _____ **Expiration Date** (if any): _____

Donor Information:

Contact Person: _____

Street Address: _____

City, State, Zip: _____

Cell Number: _____

Signature: _____

Garden Club Contact: _____ **Phone #:** _____

Delivery instructions (please check one):

Donation will be: **picked up** _____ **mailed** _____ **delivered** _____

Please mail Auction Donation Form and/or deliver your item to

Coral Gables Garden Club
c/o Mabel Galoppi
5521 Riviera Drive
Coral Gables, FL 33146
Email: mabelgaloppi@hotmail.com

*Deliver or Mail Auction Item by
April 1, 2026
to guarantee appearance in Program