2024 Silent Auction Bid Form

Item

Item Description:_____
_____
_____

100% donation to BCOA or **50/50 donation** with 50% proceeds going to (circle one):

BCOA Borzoi Health **BCOA Specialty Expenses** **Juniors Showmanship Program**

Or to Name: _____ **Starting Bid**: $_____
Address: _____ **Min Bid Raise**: $_____
Donor Signature:_____

BID $	BIDDER NAME
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Final Bid Amount: $ **Payment Type**: Cash Check Credit Card Paypal