

Silent Auction Absentee Bid Sheet

Employer:				
Address:				
Name on Credit	Card:			
Signature:				
*Credit Card #:			Expiration Date:	Code:
Billing Address (If different than ab	ove):	<u>.</u>		
Phone:				
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As a condition of participating in the Silent Auction as an absentee bidder, you acknowledge and agree by initialing this Statement that neither OFDA nor any member of the OFDA staff shall have any liability for missed bid opportunities in representing the absentee bidder. While reasonable efforts will be followed to promptly and accurately execute your bid, you agree that OFDA and its staff have no liability for any lost bid opportunities. _____ (PLEASE INITIAL)