

Auction Proxy Bid Form 2014

Springer Elementary School

1120 Rose Avenue, Mountain View, CA 94040 650-943-4200

Must be completed & returned by 3:00pm on March 14th, 2014 (Friday) to school office.

Contact information

Family Name:	amily Name:			Phone:		
Contact Name:			_Email:		@	
Address:						
City:		State:		Zip:		
Proxy Representativ	e informatio	n:				
Family Name:			Ph	ione:		
Contact Name:			_ Email:		@	
Address:						
Payment Information Please purchase a Proxy Ticket by March 14 th , 2014 at http://springerschool.schoolauction.net/auction2014/homepages/show to be eligible for Proxy bidding. Please note you will be charged a nominal fee of \$2 to register your credit card in advance of the auction. We appreciate your understanding.						
Type of Card:	Visa	Mastercard				
Name on the card:						
Card #: For security put	rposes, please p	ourchase a Proxy Ticket at http://s	springerschool.s	choolauction.n	et/auction2014/homepages/show	
Billing address:						
Signature:						

By signing this proxy, I agree to be financially responsible for all successful bids placed on my behalf by my proxy. Payments WILL BE charged to my credit card.