



M I D W E S T
WINEFEST
 BENEFITING GUADALUPE HEALTH FOUNDATION



AUCTION FORM

CONTACT INFORMATION

Company Name: _____ Phone: _____
 Contact Person: _____ Cell Phone: _____
 Address: _____ City: _____
 State: ____ Zip: _____ Email: _____

Please arrange for pick-up/drop-off by Friday, March 6, 2026!

DELIVERY INSTRUCTIONS:

Please pick up on _____ I will deliver on _____ Item is with this form

NON-WINE DONATION

Item/Package Name: _____ Est. value: \$ _____

Additional Description for Auction Website: _____

WINE DONATION

Winery: _____

Vintage: _____

Country, region, appellation: _____

Qty: _____

Size (ml): _____

Varietal: _____

Value per bottle: _____

Rated by: (if available) _____

Total value: _____

Winery: _____

Vintage: _____

Country, region, appellation: _____

Qty: _____

Size (ml): _____

Varietal: _____

Value per bottle: _____

Rated by: (if available) _____

Total value: _____



AUCTION FORM

WINE DONATION

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Varietal: _____

Rated by: (if available) _____

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Value per bottle: _____

Total value: _____

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