



2026

# Spice of Life

AWARDS GALA

PRESENTED BY PERFORMANCE FOODSERVICE

## Silent Auction Donation Form

**Event:** Spice of Life Awards Gala

**Date:** Saturday, April 25, 2026, 5:00 p.m.

**Theme:** Earth in Bloom: An Extraordinary Evening

**Hosted by:** Gilroy Chamber of Commerce

## About the Gilroy Chamber of Commerce

The Gilroy Chamber of Commerce is dedicated to strengthening the local economy by supporting businesses through resources, policy advocacy, offering networking opportunities, promoting businesses through marketing and connecting the community.

Proceeds from the Spice of Life Awards Gala directly support the Chamber's mission-driven programs, events, and advocacy efforts that benefit businesses of all sizes throughout the Gilroy region.

## Thank You for Your Support

Thank you for considering a donation to the 2026 Spice of Life Awards Gala Silent Auction. Your contribution helps elevate this signature community event while supporting the ongoing work of the Gilroy Chamber of Commerce.

## Donor Information

**Business / Individual Name:** \_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mailing Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP code:** \_\_\_\_\_

**Website (if applicable):** \_\_\_\_\_



## Donated Item Details

Item or Experience Name:

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Description (as you would like it listed):

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(Please include details, restrictions, blackout dates, expiration dates, quantities, or special instructions.)

Fair Market Value (\$): \_\_\_\_\_

Expiration Date (if applicable): \_\_\_\_\_

Item Type (check one):

- ☐ Physical Item
- ☐ Gift Certificate
- ☐ Experience
- ☐ Travel / Lodging
- ☐ Other: \_\_\_\_\_

## Delivery Information

- ☐ I will deliver the item
- ☐ Please contact me to arrange pickup
- ☐ Digital item (certificate/voucher emailed)

Preferred Delivery Deadline: \_\_\_\_\_

## Donor Recognition

Donors will be acknowledged in event materials unless otherwise requested.

- ☐ Yes, please recognize my business name
- ☐ I prefer to remain anonymous

## Donor Authorization

I confirm that I am authorized to donate the item described above and that the information provided is accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Submission & Questions

Please return this completed form or direct any questions to:

**Marci Bracco Cain**, Gilroy Chamber of Commerce

✉ [mbracco@gilroy.org](mailto:mbracco@gilroy.org)

☎ (831) 747-7455

