

Item Number: _____

Clover Fest 2025



Dessert Silent Auction Donor Form *(One Dessert per form, please)*

Donor Information:

Donor's Name: _____

Donor's Phone Number: _____

Donor's 4-H Club (if applicable) _____

Dessert Information:

Name of dessert: _____

Does the dessert contain nuts? _____ yes _____ no

If yes, what kind of nuts? _____

Is this dessert homemade? _____ yes _____ no

If no, what bakery did the dessert come from? _____

******Please bring this donor form along with the dessert to the 4-H Office by 3 p.m. on May 30th or to the Alli V by 10:30 a.m. on May 31st to –“ The Alli V” at 2588 South Brawley, Fresno.***