

**Regional Health Services of Howard County  
Hospital Auxiliary Quilt Auction Entry Form**

Title of Quilt/Pattern: \_\_\_\_\_

Dimensions: \_\_\_\_\_

Colors: \_\_\_\_\_

Type of Quilting: \_\_\_\_\_

Type of Batting: \_\_\_\_\_

Brief Description:

Made By: \_\_\_\_\_

Donated By: \_\_\_\_\_

Cost of Materials: \_\_\_\_\_

Contact Person (please include address and phone number): \_\_\_\_\_

\_\_\_\_\_

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Dear Hospital Auxiliary Quilt Auction Committee: I/We are planning to donate a:

\_\_\_\_ Large Quilt      \_\_\_\_ Baby Quilt      \_\_\_\_ Afghan

\_\_\_\_ Lap Robe      \_\_\_\_ Wall Hanging      \_\_\_\_ Other

Name of Organization or Individual: \_\_\_\_\_

Please send response to: RSHHC Hospital Auxiliary  
235 8<sup>th</sup> Avenue West  
Cresco, IA 52136