

Proxy Bid Form

		BIDDER #
NAME		TO BE COMPLETED BY AFRICA NEW LIFE
EMAIL		
BILLING ADDRESS		
CITY		
VISA MC AMEX		
CARD #	EXP DAT	E/ CVV
PLEASE INDICATE THE PROXY	BIDS YOU WOU	LD LIKE TO MAKE:
PACKAGE NAME:		MAX BID \$
PACKAGE NAME:		MAX BID \$
PACKAGE NAME:		MAX BID \$
TERMS & CONDITIONS BY SIGNING AND SUBMITTING THIS FORM, YOU AUPLACE BIDS ON YOUR BEHALF FOR THE FOLLOWIN MAXIMUM BID AMOUNT YOU INDICATE. BIDS PLACE ANONYMOUS BIDDER #. BIDS WILL INCREASE IN INCREA	G ITEMS, UP TO AND INC D ON YOUR BEHALF WIL CREMENTS SET BY THE SE OF THE AUCTION ON PAY THE AMOUNT DUE INO LATER THAN TUESDA	CLUDING THE DESIGNATED L BE MADE WITH AN AUCTION COMMITTEE. OCTOBER 26, 2025, YOU WILL N FULL.
SIGNATURE	I	DATE

TO SUCCESSFULLY PLACE YOUR PROXY BID

PLEASE RETURN THIS FORM TO LINDSY.READ@AFRICANEWLIFE.ORG BY OCT 21, 2025