

2019 Auction Item Donation Form

2019 Orchid AAFAir "Strength of Community" Gala & Auction
May 4, 2019 | Hyatt Regency St. Louis at The Arch



Asthma and Allergy
Foundation of America®
ST. LOUIS CHAPTER

Thank you for supporting Asthma & Allergy Foundation of America, St. Louis Chapter!
Please complete this form and return it with your donated item.

DONOR INFORMATION:

DONOR NAME (AS IT WILL APPEAR IN PRINT):	
Business Name:	
Address:	
Contact Name:	
Email:	
Phone Number:	

DONATION/ITEM INFORMATION:

Describe donation in detail. <i>This description will be used to write the catalog copy. Please be complete (i.e., quality, size, color, number of people, valid dates, etc.) Please attach any additional information or materials you would like displayed with your item.</i>	
Please provide the value of your donation:	\$
<i>Please note that AAFA-STL reserves the right to adjust values according to current fair market values.</i>	

ITEM DELIVERY INFORMATION:

<i>Please specify all that apply:</i> <input type="radio"/> Gift Certificate included with this form <input type="radio"/> Item will be mailed on _____ (date) <input type="radio"/> Please pick item up by _____ (date) <input type="radio"/> Please create a certificate for my item	<i>This donation is in response to:</i> <input type="radio"/> A letter from AAFA-STL <input type="radio"/> A call from AAFA-STL <input type="radio"/> An AAFA-STL volunteer request Other: _____
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PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

Signature: _____

Please sign and return form by April 22, 2019 to be included in the program.

Return items and form to:

Asthma & Allergy Foundation of America, St. Louis Chapter
Attn: Erin Coates
2019 Orchid AAFAir "Strength of Community" Gala & Auction
1500 S Big Bend Blvd. Ste. 1S | St. Louis, MO 63117
ecoates@aafastl.org | 314-645-2422 ext. 6