

2018 Auction Item Donation Form
2018 Orchid AAFAir "Just BREAthe" Gala & Auction
March 24, 2018 | Four Seasons Hotel St. Louis



Asthma and Allergy
 Foundation of America®
 ST. LOUIS CHAPTER

Thank you for supporting Asthma & Allergy Foundation, 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:

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

Signature: _____
Please sign and return form by March 14, 2018 to be included in the program.

Return items and form to:
 Asthma & Allergy Foundation, St. Louis Chapter
 2018 Orchid AAFAir "Just BREAthe" Gala & Auction
 c/o Parties & Props Event Production Group
 2629 Rock Hill Industrial Ct. | St. Louis, MO 63144
 allie@partiesandprops.com | 314-963-0880