



Asthma and Allergy
Foundation of America®

ST. LOUIS CHAPTER

Silent Auction Donation Form

An Orchid AAFAir: Soaring to New Heights Gala & Auction- March 18, 2017

DONOR NAME AS IT WILL APPEAR IN CATALOG	Special Notes
Business Name (if applicable)	
Mailing Address	
City, State Zip	Donation Authorized By
Business Phone Cell Phone Fax	Contact Name for Arrangements Contact Phone
Donor E-mail Address	Contact E-mail Address

Describe donation in detail. *This description will be used to write the catalog copy. Please be detailed (i.e., quantity, size, color, number of people, valid dates, etc.) Please attach any additional information.*

Restrictions:

DONOR STATED VALUE

\$

Please note: AAFA-STL reserves the right to adjust values based upon current fair market values.

Please specify all that apply.

Donated item will be delivered to the Asthma & Allergy Foundation of America, St. Louis Chapter office. **(item MUST be delivered to AAFA-STL one week prior to the event.)**

Please pick up my donation on _____ Date

Donor gift certificate accompanies donation form.

Donor gift certificate will be delivered/mailed to the Asthma & Allergy Foundation of America, St. Louis Chapter office. **(certificate MUST be delivered to AAFA-STL one week prior to the event)**

TYPE OF ITEM (office use only)

- Tangible Item
- Intangible Item
- Combination Package (tangible and intangible)

REQUIRED: Signature of Donor Date

This donation is in response to a

- AAFA-STL Letter or Staff Request
- AAFA-STL Phone Call or Volunteer Request
- Other: _____

When mailing your donation for An Orchid AAFAir: Soaring to New Heights Gala & Auction, please send to:

Ignite!Events
117 Prairie Manor Drive Edwardsville, IL 62025
Tel. 618.655.0425 | Fax 618.659.4480
email: allie@igniteevents-stl.com

for more information on AAFA-STL, please visit us online at:
www.aafastl.org

Thank you for your support!

PLEASE INCLUDE A COPY OF THIS FORM WITH YOUR DONATION.