



THE AMERICAN ASSOCIATION FOR THE
SURGERY OF TRAUMA
ADVANCING TRAUMA AND ACUTE CARE SURGERY THROUGH
COMPASSION, DISCOVERY, AND DEDICATION

“Experience AAST 2020” Live Auction Donation Confirmation

Donor Name:

Contact Person:

Address:

Mobile Phone:

E-mail:

Signature of Authorized Donor:

Package Name:

Category (Check all that apply)

- | | |
|----------------------------------------------------------|------------------------------------------------------|
| <input type="radio"/> Unique Experience | <input type="radio"/> Tickets – Entertainment |
| <input type="radio"/> Dining Experience | <input type="radio"/> Tickets – Sports |
| <input type="radio"/> Spa & Beauty Experience | Other: _____ |

Package Details : The details listed below will be used when announcing your package and will be used in the Auction Brochure. If you have any pictures AAST can use, please include them.

Package Value:

Blackout Dates/Unavailable Dates:

Suggested Dates (if available):

Please note: A confirmation will be sent with appropriate tax information

Mail/E-mail/Fax to:

American Association for the Surgery of Trauma

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Chicago, IL 60611

Fax: (312) 202-5064

E-mail: breasanders@aast.org