



“Experience AAST 2019” Silent Auction Donation Confirmation

Donor Name:

Contact Person:

Address:

Mobile Phone:

E-mail:

Signature of Authorized Donor:

Item Name:

Category (Check all that apply)

- | | |
|---|---|
| <input type="radio"/> Art | <input type="radio"/> Service |
| <input type="radio"/> Antiques | <input type="radio"/> Spa & Beauty |
| <input type="radio"/> Collectibles | <input type="radio"/> Travel Voucher |
| <input type="radio"/> Food & Gourmet Items | <input type="radio"/> Gift Card |
| <input type="radio"/> Memorabilia | <input type="radio"/> Other: _____ |

Item Details: The information below will be used on the silent auction table and in the auction booklet. Please be explicit in your description so those bidding are clear on what the item is. If you have a picture available, please include it.

Item Value:

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

Mail/E-mail/Fax to:

American Association for the Surgery of Trauma
633 North Saint Clair Street
Chicago, IL 60611
Fax: (312) 202-5064
E-mail: breasanders@aast.org