



Art for the Children Gala & Auction

AUCTION DONATION FORM

ITEM INFORMATION

Donated Item / Title _____

Item Value \$_____ Minimum Recommended Bid (if applicable) \$_____

Description of Item _____

Which is the best method for us to receive your donation?

- Please pick up | Preferred date/time: _____
- Will mail to Medical Missions Foundation
- Will drop off at Medical Missions Foundation
- Other: _____

DONOR INFORMATION

Circle One: Business Mr. & Mrs. Mr. Mrs. Ms. Dr. Other _____ (please indicate)

Donor/Company/Business _____

Address _____

City _____ State _____ Zip _____

Contact Name _____

Contact Phone _____ Contact Email _____

Please indicate the way donor name should appear in listing:

For questions or to return this form, use the following contact information:

Jen Newell, Medical Missions Foundation | jen@medicalmissionsfoundation.org | 913.338.0343
8363 Melrose Drive | Lenexa, KS 66214 | Fax 913.338.0281

THANK YOU!

For Art Donations, please also complete Artwork Release Form

www.MedicalMissionsFoundation.org

501 (c)(3) nonprofit organization | Donations are tax-deductible to the extent allowed by law