



Medical Missions Foundation 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 _____

Volunteer Solicitor _____

Please indicate the way donor name should appear in listing:

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

Dan Mauer, Medical Missions Foundation | dan@medicalmissionsfoundation.org | 913.338.0343
8363 Melrose Drive | Lenexa, KS 66214 | Fax 913.338.0281

THANK YOU!

MedicalMissionsFoundation.org

501 (c)(3) nonprofit organization | Tax ID#43-1737953 | Donations are tax-deductible to the extent allowed by law