

2019 ASBrS Annual Meeting Silent Auction Donation Form

Please return this form and a photo of your item to Ryan Cliche at rcliche@breastsurgeonsfoundation.org.

Please provide information as you would like it to appear in all publications:

| Name of the Item: | | |
|--|-------------------------|------------------|
| Estimated Value: \$ | | |
| Donor Name: (your name or company) | | |
| Detail Description of Item(s) including any s | pecial circumstances of | or restrictions: |
| | | |
| | | |
| Size Dimensions of Item (LxWxH): | | |
| Will you bring the item to Dallas or does it r | equire shipping? Pleas | e explain: |
| | | |
| Your Contact Information: (for internal use of | nly) | |
| Name: | | |
| Company: | | |
| Address: | | |
| City: State: | Zip: | |
| E-mail: | | |
| Phone | | |

Thank you very much for your donation!

The American Society of Breast Surgeons Foundation is a 501(c) (3) charitable, tax-exempt organization.

Tax ID number is 20-2286355