

## Oregon Academy of Family Physicians Foundation Donor Form

Date: \_\_\_\_\_ ITEM # \_\_\_\_\_

Donor Name (as it will appear in the catalog): \_\_\_\_\_

Business Name: (if different than above) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Item or Service Donated: \_\_\_\_\_

Description: \_\_\_\_\_

Value of Donation: \$ \_\_\_\_\_

Please check off the following information:

Donor certificate or gift certificate enclosed

Please prepare an auction certificate for me

Item included with this form

Please pick up my item

Cash donation in the amount of \$ \_\_\_\_\_  
(Please make checks payable to OAFP/Foundation)

Credit card donation in the amount of \$ \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

Card # and Expiration Date \_\_\_\_\_

Circle one: VISA                      MASTERCARD

Questions? Contact Lynn Estuesta @ [estu@comcast.net](mailto:estu@comcast.net); FAX 503-528-0996.

Please mail your contribution to: OAFP/Foundation, ATTN: Lynn Estuesta, 809 N. Russell, Ste 204, Portland, OR 97227. Tax ID # 93-1150833

