

**AUCTION GIFT DONATION FORM**  
**OREGON ACADEMY OF FAMILY PHYSICIANS FOUNDATION**

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

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

**Business Name:**

**Address:**

**E- Mail:**

**Phone:**

**Item or Service donated:**

**Description:**

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

Donor certificate or gift certificate enclosed

Please prepare an auction certificate for me

Item included with this form

Please pick up my item

Please list any restrictions: \_\_\_\_\_

Cash donation in the amount of \$ \_\_\_\_\_.

Check enclosed (Please make check out to OAFP Foundation)

Charge card donation in the amount of \$ \_\_\_\_\_.

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

**Signature** \_\_\_\_\_

**Card #** \_\_\_\_\_

**Expiration date** \_\_\_\_\_

**Circle one: Visa MC AMEX**

**Questions? Contact Lynn Estuesta: 503- 887- 6910; [estu@comcast.net](mailto:estu@comcast.net);  
FAX 503- 528- 0996**

**OAFP Foundation Auction  
4225 NE Tillamook Street  
Attn: Lynn Estuesta  
Portland, OR 97213  
Tax ID # 93- 1150833**

**Thank you for your generous tax- deductible contribution!**

**WHITE: File Copy**

**YELLOW: Donor Copy**