

Date entered \_\_\_\_\_  
Description complete \_\_\_\_\_  
Thank you note \_\_\_\_\_

Item # \_\_\_\_\_

**SILENT AUCTION DONATION FORM**

**Taste of Hope**

**September 17th, 2022 2:00-5:00 PM at Wings of Hope**

Your generous tax deductible donation to this event directly supports the charitable efforts of **Wings of Hope Global Field Sites**. These efforts support medical access programs around the world.

DONOR NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ FAX #: \_\_\_\_\_

TYPE OF DONATION: \_\_\_\_\_ ITEMS \_\_\_\_\_ SERVICE/S \_\_\_\_\_ GIFT CARD/S \_\_\_\_\_ CERTIFICATE/S

DESCRIPTION: (PLEASE ATTACH A DETAILED DESCRIPTION OF ITEM/S)

1. \_\_\_\_\_

\_\_\_\_\_ RETAIL VALUE: \$ \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_ RETAIL VALUE: \$ \_\_\_\_\_

PLEASE LIST ANY RESTRICTIONS, LIMITATIONS OR CONDITIONS: **(SEE BELOW)**

\_\_\_\_\_ YOU MAY PUBLICIZE DONOR NAME \_\_\_\_\_ DONOR WISHES TO REMAIN ANONYMOUS

\_\_\_\_\_ USE OUR LOGO DESIGN (attach)

\_\_\_\_\_ USE OUR SLOGAN WHICH IS: \_\_\_\_\_

ADDITIONAL LIMITATIONS OR CONDITIONS: \_\_\_\_\_

SIGNATURE OF DONOR: \_\_\_\_\_

DATE: \_\_\_\_\_ SOLICITED BY: \_\_\_\_\_

TO MAIL\UPS YOUR DONATION, KINDLY SEND TO THIS ADDRESS: ATTN: TASTE OF HOPE/TIFFANY, 18370 Wings of Hope Blvd, Chesterfield, MO 63005

**WE WOULD APPRECIATE ALL ITEMS BY FRIDAY, SEPTEMBER 1<sup>st</sup>.**

**For questions please contact Tiffany Nelson at 636-537-1302 or [tiffany.nelson@wingsofhope.ngo](mailto:tiffany.nelson@wingsofhope.ngo)**

THANK YOU FOR YOUR GENEROUS SUPPORT! – For tickets, visit:

<https://wingsofhope.ngo/events/taste-of-hope/>

NON-PROFIT 501 (C)(3) ~ TAX-EXEMPT (FID #43-0909606)