



AUCTION DONATION FORM

Wish Upon A Smile Gala: November 9th, 2024

Our Mission: Austin Smiles – The Austin Plastic Surgery Foundation is a nonprofit organization whose mission is to provide sustainable surgical care to children born with cleft lip and cleft palate both in Central Texas and Latin America.

Donor Name: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Email: _____ Phone: _____ Fax: _____

Address for Pick-up: _____ Pick-up Date: _____

Item(s) Donated: _____ Dollar Value: _____

Additional Notes: _____

Time/Exchange Restrictions: _____

Deadline/Blackout Dates: _____

Mail or email any brochures, details, and/or photographs that you would like to be used for the item description. Email: ellise@austinsmiles.org

Check if applicable:

- Gift Certificate Enclosed
- Item Attached
- Donor's confirmation & instructions to purchaser enclosed

Donor Signature: _____ Date: _____

Please keep one copy for your records and return one to Austin Smiles.

Email : ellise@austinsmiles.org

Mail: 9415 Burnet Road, Suite 207, Austin, Texas 78758

Fax: 512-451-9312

Austin Smiles Tax ID No. 74-2479196

Thank you for this contribution and for your support of the programs of Austin Smiles. Your contributions are tax deductible.