

AACD Charitable Foundation Silent Auction Donation Form

| Donor or Organization: | Contact Person: | |
|---------------------------------|--|---------|
| Address: | Phone: | |
| City: | Fax: | |
| State/Zip: | | |
| Email: | Website: | |
| Description of Item or Service: | | |
| | | |
| Value of Donation: \$ | (USD) Item included Item will be delivered | on site |
| Donor's Signature: | Date: | |

Please fax this completed form to 608.222.9540, email to givebackasmile@aacd.com, or mail to AACD Charitable Foundation, 402 West Wilson Street, Madison, WI 53703

Thank you for your support!