

**OPAF & THE FIRST CLINICS
FIRST BID
SILENT AUCTION
ITEM DONATION FORM**



Please return to OPAF by February 1, 2018

*****THIS INFORMATION WILL BE USED IN ALL PUBLICITY MATERIALS***
PLEASE RESPOND PROMPTLY AND COMPLETELY**

Contact Name: _____ Credentials (CP, CO, CPO, PhD, etc.) _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail: _____ Web Site: _____

Item/Service Donating: _____

Item Description (please list everything included with item/service *and* anything NOT included; i.e. shipping, supplemental devices for use, etc.):

Restrictions, if any: _____

Expiration Date (if applicable): _____ **Retail Value of the item: \$** _____

Will the item be available at auction for highest bidder? _____ **Yes** _____ **No**
If no, please provide OPAF with a certificate for display at the Silent Auction, which can be redeemed by the winning bidder.

Thank you for contributing to the OPAF and the First Clinics through this event! We appreciate your support of our primary mission: enable individuals served by members of the orthotics and prosthetics community to enjoy the rewards of personal achievement, physical fitness, and social interaction.

The Orthotic & Prosthetic Activities Foundation, Inc. is a 501(c)(3) organization. Please retain a copy of this document; it is your receipt for tax purposes. Please consult your tax advisor for further information.