

**OPAF & THE FIRST CLINICS
ANNUAL
SILENT AUCTION
ITEM DONATION FORM
AT THE AOPA NATIONAL ASSEMBLY**



⚡ Please print and fax directly to OPAF at 319-235-4326 ⚡

*****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 O&P Assistance Fund, 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.

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