



D E R B Y D A Y C E L E B R A T I O N

AUCTION DONATION

F O R M

TO BENEFIT THE **BARIATRIC SURGICAL PROGRAM**  **MAY.4.2024**
AT ASCENSION ALL SAINTS HOSPITAL

Please Print

Donor _____

Contact _____

Address _____

City _____

State _____ Zip _____ Phone _____

Email _____

Item _____

Estimated retail value \$ _____

Description _____

Special Instructions/Restrictions _____

How would you like your name listed in the program?

Please mail or fax this form and donated items no later than
March 15, 2024 to:

Ascension Wisconsin Foundation
19333 W. North Avenue
Brookfield, WI 53045
Email: AWEvents@ascension.org

Gift Certificate is enclosed/attached

Donation will be delivered to above address on
(Date) _____

Pick-up is requested

Contact _____

Phone _____

Pick-up Date _____

Pick-up Location _____

Please prepare a gift certificate for my donation

Expiration date ____ / ____ / ____ Today's date ____ / ____ / ____

Donor signature

Thank you for supporting the Bariatric Surgical Program at Ascension All Saints Hospital!

*Ascension Wisconsin Foundation is a 501(c)3 tax-exempt, not-for-profit organization. Our tax ID is 39-1494981.
All donations made to the Foundation are fully deductible according to IRS code.*