



## RX MIXER AUCTION DONATION FORM

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**I would like to support the Rx Mixer benefiting the IACP Foundation by donating:**

Full Gift Description (this description will be featured in the RxMixer Print and Online Auction Programs):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated Fair Market Value: \_\_\_\_\_

Time Limits or Restrictions: \_\_\_\_\_

**Email photo(s) of the item in .jpg and .eps format to [Jennifer@iacprx.org](mailto:Jennifer@iacprx.org).**

**Indicate how your name should appear in the print and online program recognition (including pharmacy designation).**  
 \_\_\_\_\_

**I am unable to donate an item, please accept this cash donation.**

**Payment Method**

Check # \_\_\_\_\_ *Please make check payable to IACP Foundation.*

Discover     MasterCard     Visa     Amex    CC# \_\_\_\_\_

3-digit V-Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

**Mail Auction Item to:**  
 IACP Foundation Rx Mixer  
 4638 Riverstone Boulevard  
 Missouri City, TX 77459

**Please return a copy of this form to IACP at:**  
 Fax (763) 788-0578  
 Phone (612) 723-3832  
 E-mail: [Jennifer@iacprx.org](mailto:Jennifer@iacprx.org)

**THANK YOU FOR  
 YOUR SUPPORT!**

**MUST RESPOND BY March 1, 2017 IN ORDER TO MEET PRINT AND ONLINE DEADLINES.**

IACP Foundation is a 501(c)(3) non-profit, charitable organization. Please retain a copy for your tax records.  
 Tax I.D. #90-0064139