



**Children's**<sup>SM</sup>  
Healthcare of Atlanta

Dear Friend,

On behalf of Emerging Leaders for Children's, we invite you to join us in support of our upcoming Scrubs Party benefiting the **Children's Food Allergy Center**. We look forward to hosting 600+ party goers at the seventh annual Scrubs Party at The Fairmont on March 14, 2020. Guests will be treated to an evening of delicious food and drinks and lively entertainment...and of course, the opportunity to connect with and support the cutting-edge research and clinical care Children's provides its patients of the new Food Allergy Center.

**ABOUT THE 2020 SCRUBS PARTY BENEFICIARY:**

The Children's Healthcare of Atlanta's Food Allergy Program was established in 2018 to perform impactful research and deliver high-quality, patient-centered care to transform the lives of children affected by food allergies in the Southeast and beyond. FARE (Food Allergy Research and Education) recently named the Children's Food Allergy Program as a national Center of Excellence, joining the FARE Clinical Network that is comprised of 33 leading research and clinical care facilities across the country.

**HOW YOU CAN HELP:**

We are reaching out to ask your participation as a silent auction donor. The Scrubs Party silent auction features exclusive experiences, exciting travel destinations, jewelry, artwork and much more! Proceeds from the Silent Auction will fund the critical work the Food Allergy Center is doing to improve the lives of children and their families.

To donate, please complete the enclosed auction form, keep a copy for your records, and mail or email to the address listed no later than **February 14, 2020**.

On behalf of the patients at Children's and their families, thank you for your consideration of this important request.

Respectfully,

Staci Brill  
Event Chair

Lindsey Schoultz  
Event Vice Chair

John Hays  
Auction Chair



<b>DONOR INFORMATION</b> <small>(PLEASE PRINT CLEARLY)</small>	
Donor or Company Name:	Name to Appear in Print:
Donor Address:	Contact Person:
	Email:
	Phone Number:
Donor's Signature (Required):	Date:
<b>ITEM INFORMATION</b>	
Item/Service Description (as to appear in catalog): Include any restrictions on trips, tickets and travel, size, color and/or other information to ensure proper understanding of donated item. _____ _____ _____ _____	
Expiration date:	Value: \$ _____
<b>SPECIAL PRIZE ACQUISITION</b>	
<input type="checkbox"/> Item Enclosed <input type="checkbox"/> Will send/deliver by _____ to Children's Healthcare of Atlanta Foundation <input type="checkbox"/> No physical item. Please have winner contact me directly for redemption. <input type="checkbox"/> Other: _____	
<p style="text-align: center;"><b>Please retain a copy of this form for your records.</b></p> <p>Children's Healthcare of Atlanta is a not-for-profit organization, and all donations are tax-deductible to the extent permitted by law. Our tax ID number is 58-1710601. Children's reserves the right to use donations at their discretion.  <b>IF THE VALUE OF YOUR DONATION IS EQUAL TO OR EXCEEDING \$5,000 PLEASE FILL OUT IRS FORM 8283 AND SUBMIT WITH THIS IN-KIND DONATION FORM IN YOUR ORDER TO CLAIM A DEDUCTION.</b></p>	

**Please mail or email the completed form by February 14, 2020 to:**

Children's Healthcare of Atlanta  
Attn: Alex Faas  
3395 Northeast Expressway  
Atlanta, GA 30341

[Alex.Faas@choa.org](mailto:Alex.Faas@choa.org) | P: 404.785.9402