

GIFT IN-KIND DONATION FORM



CONTACT INFORMATION

Donor/Company Name _____

Contact (if different from above) _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Website _____ Email Contact _____

ITEM INFORMATION

Item name _____

Donation: ☐ Tangible Item ☐ Gift Certificate Quantity _____ Fair Market Value \$ _____

Item description: **Please provide as many details about the item as possible so we can create an exciting catalog description!**

Restrictions and/or Expiration Date: _____

ITEM DELIVERY

PLEASE RETURN COMPLETED FORM AND ITEM OR GIFT CERTIFICATE TO:

North Memorial Health Foundation
3300 Oakdale Ave N. Suite 425, Robbinsdale, MN 55422

☐ Tangible item or gift certificate accompanies this form

☐ Foundation needs to create a gift certificate

Contact name and phone for redeeming gift certificate:

Donor Signature _____

Date _____

Procured by _____

For more information contact:
North Memorial Health Foundation
Sharon Nygard
t: 763.581.4814
f: 763.581.4811
sharon.nygard@northmemorial.com

All materials become the property of NMHF upon your surrender. Items will not be returned to donor. NMHF reserves the right to combine items into packages, or use items for other fundraising purposes.

North Memorial Health Foundation is a registered 501(c)(3) charitable organization; Tax ID #41-1777966

Please retain a copy of this form for your records.

THANK YOU FOR YOUR SUPPORT!