

DONATION FORM



Contact information

Date ____/____/____

Donor/Company Name _____

Contact Name (if different from above) _____

Address _____ Apt/Unit _____

City _____ State _____ Zip _____

Phone _____ Email _____

Website _____

Donation information

Cash \$ _____ (submit with form)

Check \$ _____ (payable to North Memorial Health Foundation with this form)

Credit Card \$ _____ (amount to charge) Card Number _____ Exp Date _____

Security Code (CVV) _____ Billing address (if different from above) _____

Item/Gift Certificate Quantity _____ Fair Market Value \$ _____

Item name and description: *Please provide as much detail possible.*

Restrictions and/or Expiration Date: _____

I would like my donation to remain anonymous

Return form and donation to:
North Memorial Health Foundation
3300 Oakdale Ave N. Suite 425
Robbinsdale, MN 55422

Questions?

Foundation@northmemorial.com or call (763) 581-4814

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 that supports all of North Memorial Health and Maple Grove Hospital. Tax ID #41-1777966.

Thank you for your support!