

Donations of Goods or Services



We are always in need of distraction and comfort supplies for customers and families throughout the hospital. See below for list of needed items or contact us at **(763) 581-4819** if you have other ideas.

Complete the attached form and send/bring your gift to **North Memorial Health Foundation, 3366 Oakdale Ave. N, Suite 425, Robbinsdale, MN 55422.**

** Please note, we cannot accept used items, toy weapons, bikes or sports equipment unless noted below.*

Pediatric Needs

- Philips Avent Soothie Pacifier, 0-3 Months
- MAM Pacifiers, 6+ Months
- Crayons, 16 color packs
- Play-Doh
- Stickers
- Beads and clear stretchy cording
- Sensory balls
- Journals
- Nintendo 2DS Bundle
- Craft kits
- Toddler toys (light and sound, pop-up toys, stacking and sorting toys, etc.)
- Spinning and flashing toys
- Infant Baby Einstein Toys
- Fitted colored/patterned crib sheets (mattress size 22 x 34 x 3)
- Lightweight swaddle blankets
- Long sleeve, snap-up, thin cotton sleepers, prefer with mitten cuff (preemie and newborn sizes)
- Pillow Pets and stuffed animals
- Board games and card games
- Hot Wheels
- Lego sets
- Youth nail polish and make-up
- Adult coloring books
- New clothing for various sizes and genders

Adult Care Cart Needs

- Colored pencils
- Crayons
- Magazine subscriptions (Time, National Geographic, etc.)
- New or slightly used books
- Word finds
- Sudoku puzzle books
- Golf pencils

DONATION FORM



A partnership of North Memorial Health and Fairview

Contact information

Date ____/____/____

Donor/Company Name _____

Contact Name (if different from above) _____

Address _____ Apt/Unit _____

City _____ State _____ Zip _____

Phone _____ Email _____

Website _____

Donation information

Cash \$ _____

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

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 (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!