COVID-19
ITEM DONATION FORM

We are so grateful for your donation to keep our care teams and customers safe. Please share the included information with us and return this form so we can recognize your gift and provide you with a tax receipt. **THANK YOU!**

Full Name _____

☐ I would like my donation to remain anonymous

Company Name (if applicable) _____

Email _____

Address _____ Apt/Unit _____

City _____ State _____ Zip _____

Phone _____

PLEASE LIST ITEMS DONATED AND QUANTITIES IF POSSIBLE:

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ITEM(S) VALUE $ _____

For monetary donations to our **COVID-19 Emergency Fund**, visit **northmemorial.com/donate**

PLEASE RETURN FORM VIA:

- **Email** at **COVID-19donation@northmemorial.com**
- **Mail** to North Memorial Health Foundation, 3300 Oakdale Ave N. Suite 425, Robbinsdale MN 55422
- **Prepaid envelope**

QUESTIONS?

COVID-19donation@northmemorial.com or **(763) 581-4814**

MAPLE GROVE HOSPITAL