

North Memorial Health Foundation | Making Compassion Count Gala

Auction Item/Monetary Donation Form

Date

Donor Name

Address

Apt/Unit

City

State

Zip

Phone

Email

Donation Type:

Item/Gift Certificate Fair Market Value \$

Item Description: (Provide as much detail as possible)

Restrictions and/or Expiration Date:

Check \$ (payable to North Memorial Health Foundation)

Credit Card \$ (amount to charge)

Card #

Expiration

Security Code (CVV)

I would like my donation to remain anonymous

RETURN COMPLETED FORM TO:

foundation@northmemorial.com or mail to

North Memorial Health Foundation

3300 Oakdale Ave N #425, Robbinsdale, MN 55422

All donations become the property of North Memorial Health Foundation upon your surrender. Items will not be returned to the 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 North Memorial Health. Tax ID #41-177966.