

Donor Name

Address

Apt/Unit

City

State

Zip

Phone

Email

Item Donation

Item Name & Description: (please include all details & restrictions)

Fair Market Value \$

Expiration (if applicable)

Monetary Donation

Check (payable to North Memorial Health Foundation) \$

Credit Card (amount to charge) \$

Card #

Expiration

Security Code (CVV)

Check here if you'd like your donation to remain anonymous

Send Completed Form To:

foundation@northmemorial.com or

North Memorial Health Foundation

3366 Oakdale Ave N, Suite 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 #41-1777966.