

# ITEM DONATION FORM

Items, goods, services, certificates, experiences, etc.

## Contact Information

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Donor/Company Name \_\_\_\_\_

Contact Name (if different from above) \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Donation Information

Quantity \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

If donated items were hand crafted, how many hours did it take to make them? \_\_\_\_\_

**Item name and description:** (please include as much detail as possible)

All donations will be used for our greatest needs, unless specified here: \_\_\_\_\_

☐

**I would like my donation to remain anonymous**

### Send this completed form to:

**Foundation@northmemorial.com** or mail to  
North Memorial Health Foundation  
3300 Oakdale Ave. N, Suite 425  
Robbinsdale, MN 55422

**Questions?** **Foundation@northmemorial.com** or **(763) 581-4817**

North Memorial Health Foundation (NMHF) is a registered 501(c)(3) non-profit organization that supports all of North Memorial Health. Tax ID #41-1777966. 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. **Thank you for your support!**