



2020 AUCTION DONATION FORM

Item/service donated: _____

Retail Value: _____

Description: (include size, quantity, color, available dates, restrictions, expirations, etc.):

Donor's name to appear in event program:

Donor/Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____ Fax: _____

Email: _____

I, the undersigned donor, hereby acknowledge and agree to provide the above stated goods or services to Mercy Hospital Foundation. This donation becomes the property of the Foundation and may be offered for sale at an auction or used in other ways to support the work of Mercy Hospital. All proceeds benefit the Mercy Hospital Foundation.

Donor's Signature: _____ Date: _____

Donations can be sent to the Foundation office at the address below or dropped off at the Mercy Hospital administrative offices (either at the Mercy campus or the Unity campus). Donations preferred by April 5th. For questions or to arrange donation pick-up, call 763-236-3961 or email lisa.gleason@allina.com

The MHF Federal Tax ID is 30-0086426. The MN Tax ID is 6400996.

7590 Lyric Lane NE / Fridley, MN 55432 / allina.com/mhf

RE: