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 10th. 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: