

Please complete and return the auction form to United Hospital Foundation by August 24, 2018. Your donation will be included in the program. If you have any questions, please call us at 651-241-8022.

Donor name (individual or compan	y)				
Contact person (if different from a	bove)				
Phone	_ Email				
Address		City		State	ZIP
Donated item with description					
Auction categoryOutdoors, Experience This, Theatr	•		•	ens, Home,	Sports &
Expiration date? \square No \square Yes					
Estimated or actual value:	(each) x	x = \$			
Exclusions and/or restrictions? (if to	·				
Item for donation: \square Has been don					
I/we as signed below agree to donate to exempt organization for the Service to	the above item(s) or se	rvices to United		a not-for-pro	fit and tax-
Donor signature					
Date					
Proceeds benefit services and program	ns at United Hospital.				

United Hospital Foundation, 333 Smith Avenue North, St. Paul, MN 55102

phone: 651-241-8022 fax: 651-241-5420

