



SATURDAY, SEPT. 30, 2017 – 5:30 P.M. SAINT PAUL RIVERCENTRE

Please complete and return the auction form to United Hospital Foundation by August 28, 2017. Your donation will be included in the program. If you have any questions, please call us at 651-241-8022.

| Donor name (individual or comp | pany) | |
|---|--|--|
| Contact person (if different from | above) | |
| Phone | | |
| Email | | |
| Address | | |
| City | State | ZIP |
| Donated item with description | | |
| | | |
| Auction category | | ng, Home Decor, Sports, Lodging, Theatre, Jewelry, Health & Beauty |
| Expiration date? \square No \square Yes | | |
| Estimated or actual value: | (each) x = \$ | Cash 🗆 Check donation \$ |
| Exclusions and/or restrictions? (i | f travel related, vacation home or other |): |
| | | |
| Item for donation: \square Has been c | lonated \square Will be donated on (date) | |
| 9 | onate the above item(s) or services to U the Service to Humanity Gala on Sature | United Hospital Foundation, a not-for-profit day, Sept. 30, 2017. |
| Donor signature | | |
| Date | | |
| Proceeds benefit services and p | rograms at United Hospital. | |

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

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

