



2020 Auction Donation Form

Name/Organization: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Contact Email: _____

Contact Phone: _____

Yes, I want to donate an item or service.

_____ Please arrange to pick up my donation by September 18, 2020

_____ I will mail the item to you by September 18, 2020 to the address listed below.

_____ Please make a certificate for me with the contact information above.

Donation Name: _____

Please provide a detailed description, including time limits, expiration dates, etc.

Estimated value \$ _____

(If multiple items, please list values separately and note total value.)

Your contribution is tax-deductible to the fullest extent allowed by law. **Our tax-id number is 23-7152735.**

Questions? Call (651) 214-2498 or email myhealthsilentauction@gmail.com.

Thank you for your donation! Please keep a copy of this form for your records and send the original to:

**myHealth Gala, Attn: James
13800 Nicollet Blvd. #1721, Burnsville, MN 55337**