myHealth
15th Annual Gala
ENSURING BRIGHT FUTURES

2026 Donation Request Form

Name/Organization: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Contact Email: _____

Contact Phone: _____

PROCESS FOR GETTING AUCTION DONATION:

❑ Please arrange to pick up my donation ❑ I will mail the item to the address listed below.

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

Name of Donation: _____

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

_____

_____

_____

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

Thank you for your donation. Questions? Please contact our auction manager James at **651-214-2498** or **myhealthsilentauction@gmail.com**

Your contribution is tax-deductible to the fullest extent allowed by law. Our Tax ID number is 23-7152735. Please keep a copy of this form and send the original to either address:

myHealth for Teens & Young Adults c/o GALA AUCTION 15 Eighth Avenue South Hopkins, MN 55343	myHealth for Teens & Young Adults c/o GALA AUCTION 13800 Nicollet Blvd #1582 Burnsville, MN 55337