

# AUTUMN AFFAIR

## AUCTION DONATION FORM

CONTACT NAME:

COMPANY NAME:

ADDRESS:

PHONE NUMBER:

EMAIL:

DONATION (PLEASE PROVIDE DESCRIPTION):

VALUE OF DONATION: \$ \_\_\_\_\_

MY DONATION (CHECK ONE):  IS ENCLOSED  WILL BE DROPPED OFF  NEEDS TO BE PICKED UP

Please complete this form by July 31, 2020

Elmhurst Memorial Hospital Foundation  
c/o Blair Williams  
155 E. Brush Hill Road  
Elmhurst, IL 60126

**QUESTIONS?** Please contact: Blair Williams at 331-221-0388 (phone) or Blair.Williams@EEHealth.org (e-mail)

THANK YOU FOR YOUR SUPPORT!