



AUCTION DONATION
FORM

CONTACT NAME:

COMPANY NAME:

ADDRESS:

PHONE NUMBER:

EMAIL:

DONATION (PLEASE PROVIDE DESCRIPTION):

A large, empty rectangular box with a light gray background, intended for the donor to provide a detailed description of their donation.

VALUE OF DONATION: \$ _____

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

Please complete this form by August 2, 2021

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!