



NORWEGIAN AMERICAN HOSPITAL FOUNDATION
5TH ANNUAL POWER OF COMMUNITY BENEFIT • JUNE 19 • 2019
THE DRAKE HOTEL • CHICAGO

SILENT AUCTION
Donation Form

I/We Will Donate a Silent Auction Item to the 2019 Power of Community Benefit

Donor Name (as it should appear on all printed materials)

First Name

Last Name

Address

City

State

Zip

Phone

Email

DESCRIPTION OF DONATION (please use separate sheets for multiple items)

Fair Market Value \$ _____

I would like to be recognized remain anonymous for my donation.

PLEASE DELIVER OR MAIL ALL FORMS & DONATIONS BY FRIDAY, MAY 31, 2019 TO:

Norwegian American Hospital Foundation, 1044 N. Francisco Ave., Chicago, IL 60622

I would also like to make a tax-deductible donation to support Norwegian American Hospital

Enclosed is a check payable to Norwegian American Hospital Foundation

Please charge my credit card: Visa Mastercard American Express Discover

Card Number

Exp. Date

Security Code

Cardholder's Name

Cardholder's Signature

Thank you for your contribution & support of Norwegian American Hospital Foundation.

The Foundation is a 501(c)(3) tax-exempt organization, Tax ID 36-3257131.