



2025 GALA IN-KIND DONATION FORM

Donation Information for Live Auction/Raffle Prize

Item Name _____

Description of donation _____

Value as Stated by Donor _____

Restrictions (i.e. number of persons, excluded dates, expiration date, other limitations or comments): _____

Gift Certificate: ☐ Included with form ☐ Donor will send by _____ ☐ Arrange pick-up

Item: ☐ Received ☐ Donor will deliver by _____ ☐ Arrange pick-up

Donor Information

Name as You Want to Appear in Program _____

Name _____

Address _____

City, State, Zip _____ Fax _____

Phone _____ Email _____

Contact Person *if donor is a business*:

Name _____ Phone _____ Email _____

Donor Signature _____ Date _____

On behalf of the Madelia Health Foundation, we appreciate your support. Madelia Health Foundation is a 501(c)3 organization. For tax purposes, the fair market value of your donation is tax deductible.

AUCTION DONATION DEADLINE:
September 13, 2025

Please return this form to:

Madelia Health Foundation
121 Drew Ave. SE, Madelia, MN 56062
Phone: 507-642-3255 • Fax: 507-642-8516