

2025 Fremont Health Foundation Gala Event Donation Form



FREMONT HEALTH FOUNDATION

Donor Information

Contact Name _____

Company Name (if applicable) _____

Address _____

Phone Number _____ Email _____

Donor Name as it should appear for recognition _____

Donation Information

Please provide a clear and complete description of the item(s) being donated. Please specify if there are any restrictions, expirations, dates or limitations that may apply.

Which Gala Committee member asked you for this item? _____

Fair Market Value \$_____ (what is the retail or market price of the item?)

Please indicate the following regarding this item:

Actual item provided with this sheet

Donor to provide certificate

Item to be provided/picked up at a later date

Foundation to make certificate

Want to donate but don't have an item? You can still contribute by making a monetary donation.

\$50 \$100 \$250 \$500 Other Amount \$_____

Cash Check (made payable to Fremont Health Foundation) Send Invoice

Credit Card: Credit card payments can be made online at www.fremonthealthfoundation.org

All donated items and descriptions must be provided to the Fremont Health Foundation no later than February 5, 2025.

Questions? Please contact the Fremont Health Foundation at (402) 727-3566 or email MFHFoundation@nmhs.org.

Donations are tax deductible to the fullest extent of the law.

Disclaimer: The donation becomes the property of Fremont Health Foundation and reserves the right to combine items into packages. There is no guarantee for live auction.