

MEDINA
HOSPITAL'S
35th Anniversary



BASH

BENEFITTING · A · SUPERIOR · HOSPITAL

MEDINA HOSPITAL FOUNDATION

1000 E. Washington Street, Medina, OH 44256

Phone: (330) 721-5941 • Fax: (330) 721-5110

MedinaHospitalFoundation.org

MH-Foundation@ccf.org

Event Date: October 21, 2017

Location: Weymouth Country Club

Commitment Due Date: September 15, 2017

DONOR (Company or Individual Name) _____

Address _____

Phone Number _____ Fax Number _____

Email Address _____ Contact Person _____

DONATION (Donation questions, please contact: Randy Fuerst, Executive Director at 330-721-5940 or fuerstr@ccf.org
Linda Kern, Medina Hospital Foundation at 330-721-5941 or kern@ccf.org)

Cash Contribution:

☐ Amount \$ _____

Item Donation:

☐ Item Value \$ _____ (This is the value you may use for your tax purposes)

Detailed item description (If donation is a basket, please include detailed list of basket contents)

Thank you for your generous support of our Pediatric & Cardiac Services!

Please retain a copy of this form for your records

DELIVERY OR PICK UP ARRANGEMENTS

☐ Check Enclosed ☐ Item Enclosed

☐ Small items may be delivered to MH Foundation Office (Suite 300 in the North Medical Building)
by **September 15, 2017**

☐ Larger items or if pick-up is preferred: the item will be available for pick up on: _____
You will be contacted regarding these arrangements

FOR OFFICE USE ONLY: ☐ Database ☐ Ack'd ☐ Rec'd Item # _____ Sec _____