



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 27, 2018
Location: Weymouth Country Club
Commitment Due Date: September 15, 2018

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 Healing 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, 2018**
- 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 _____