

DONOR

Please print clearly

The INHS Foundation is dedicated to helping improve the lives of those it touches. By generating financial resources for the family of services provided by INHS, we strive to share our approach to collaborative health care with the entire community.

Benefiting

- Community Health Education & Resources
- Northwest MedStar
- St. Luke's Rehabilitation Institute
- Team St. Luke's

Thank You!

The INHS Foundation gratefully acknowledges your generous donation. We reserve the right to auction or otherwise sell donated items in the manner we feel will maximize contributions to this agency.

Donor Name (as it should appear in print)

Contact Name/Title

Address City State Zip

Daytime Telephone Number

Fax Number

Mobile Telephone Number

E-mail Address - This will be primary contact method for this event.

Please provide a description of the item(s) you wish to donate and any restrictions that apply. Attach additional sheets of paper as necessary for descriptions.

Item 1	\$	Retail Value (Suggested Min. \$200)						
Description								
Restrictions								
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">m</td> <td style="padding: 2px;">m</td> <td style="padding: 2px;">d</td> <td style="padding: 2px;">d</td> <td style="padding: 2px;">y</td> <td style="padding: 2px;">y</td> </tr> </table>	m	m	d	d	y	y
m	m	d	d	y	y			
		Drop-off Date or Pick-up Date (please circle one)						

Item 1	\$	Retail Value (Suggested Min. \$200)						
Description								
Restrictions								
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">m</td> <td style="padding: 2px;">m</td> <td style="padding: 2px;">d</td> <td style="padding: 2px;">d</td> <td style="padding: 2px;">y</td> <td style="padding: 2px;">y</td> </tr> </table>	m	m	d	d	y	y
m	m	d	d	y	y			
		Drop-off Date or Pick-up Date (please circle one)						

Gift Certificate Information (please check)

- My donation is a Gift Certificate (suggested expiration date is one year from issuing date):
 Certificate enclosed I will forward a certificate at a later date Generate certificate for me



PO Box 469 Spokane, WA 99210
509.473.6099
www.foundation.inhs.org

Donor Signature

Committee Member Signature

The donor agrees to contribute the above item(s) to the INHS Foundation for auction. Donations of goods or services are tax deductible to the fullest extent allowed the law. A 501(c)3 Organization. For your records our Tax ID# is 91-1307555



INHS is a non-profit corporation in Spokane, Washington providing collaboration in health care services on behalf of its member hospitals and the community.