

Item Donation Form

PLEASE RETURN BY FRIDAY, JUNE 27, 2025

DONOR INFORMATION

DONOR NAME (AS IT SHOULD APPEAR IN PRINTED MATERIALS)

ADDRESS

CITY STATE ZIP

PHONE EMAIL

CONTACT PERSON (REQUIRED IF NCH PRINTS GIFT CERTIFICATE)

NCH SOLICITOR NAME

DONATION INFORMATION

DONATION VALUE

DONATION DESCRIPTION

DONATION RESTRICTIONS (EXPIRATION DATE, SEAT LOCATIONS, ETC.....)

PLEASE CHECK ONE:

- Donation and/or gift certificate enclosed
- NCH should create gift certificate
- Item and/or gift certificate to be delivered by June 27, 2025

RETURN TO:

Northwest Community Hospital Foundation
Attn: Collier Prioletti
3040 W. Salt Creek Lane
Arlington Heights, IL 60005

Collier Prioletti
cprioletti@nch.org
847-618-4269

FOR OFFICE USE ONLY

DATE RECEIVED

RECEIVED BY

ITEM #