



SATURDAY, SEPTEMBER 30 2023
A Night to Remember Gala
Merced College

IN-KIND DONOR FORM

For day of event recognition, please return this form to
Mercy Medical Center Merced Foundation by September 8, 2023

Your Information:

Donor	Other names to be included in the listing		
Name (If different than the donor listing above)	Website Address		
Mailing address	City	State	Zip
Email	Phone	Fax	

Donated Item (Please print):

Description details of donation

Restrictions/Special Conditions/Expiration Date? Please provide complete details.

\$ _____ DELIVERY: I will deliver (by Sep 8,2023) Please contact me to arrange pickup.
Estimated fair market value CERTIFICATES: I will provide a gift certificate. Please create a gift certificate.

Make a Monetary Donation:

\$ _____
Estimated fair market value

Questions:

Please contact **Kassey Mosher, 209.564.4201** | kassey.mosher@commonspirit.org
Mercy Medical Center Merced Foundation
2740 M Street, Merced , CA 95340

Thank You for Your Support!

Your donation may be tax deductible. Please consult with your tax advisor.

Item ID# _____
Note _____