

ITEM # \_\_\_\_\_ PKG # \_\_\_\_\_

**DIGNITY HEALTH - NORTHRIDGE HOSPITAL MEDICAL CENTER**

**AUCTION DONATION FORM**

**DONOR** (*As it should appear in the program*)

Company Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Donor Authorized \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DESCRIPTION OF AUCTION ITEM**      **Approximate Value: \$** \_\_\_\_\_

*Please include restrictions, expiration dates, etc.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ My donation is enclosed.

☐ I will send my donation to the Northridge Hospital Foundation by April 30, 2025.

**Please mail or fax completed form to the Northridge Hospital Foundation:**

18300 Roscoe Blvd. Northridge, CA 91328

**Email:** [Laura.Kirchhoff@commonspirit.org](mailto:Laura.Kirchhoff@commonspirit.org)

818.885.5341, x3

[www.supportnorthridge.org](http://www.supportnorthridge.org)

Northridge Hospital Foundation is a non-profit 501(c)(3) organization. Our tax ID # is 23-7444901

Your donation is tax deductible to the maximum extent allowed by the law



**THANK YOU FOR YOUR GENEROSITY!**

**FOR OFFICE USE ONLY**    Date Rec'd \_\_\_\_\_ R.E. Entry Date/Batch \_\_\_\_\_