

MIDWESTERN UNIVERSITY [EVENT PARTNERS]

DONOR INFORMATION *(or attach business card)*

Primary Contact Person: _____

Title: _____

Person to receive thank you (if different than above): _____

Title: _____

Donor or Company Name: _____

Donor Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Website: _____

Phone Number: _____

DONATED ITEM INFORMATION

Item Donated: _____

Restrictions/Expiration: _____

Estimated Market Value: _____

Name of volunteer who solicited this donation: _____

Date Received: _____

ITEM PICK UP/DROP OFF INFORMATION *(please check one)*

Must be picked up. The item will be ready on _____

I will drop the item off at Midwestern University

Item enclosed/included with the form

Intangible: please create a certificate for me

You are welcome to include promotional items that will enhance the display. Please let us know if the promotional items need to be returned.



MIDWESTERN UNIVERSITY

Educating Tomorrow's Healthcare Team

WWW.MIDWESTERN.EDU

For questions, item pick up, or more information, please contact:

Office of Development & Alumni Relations
19555 North 59th Avenue, Glendale, AZ 85308
623.572.3784 | azevents@midwestern.edu

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