



OneSmile Gala – Friday, October 13, 2017
International Market Square
Minneapolis

Silent Auction/Donor Form

Thank you for your generous support of the Minnesota Dental Foundation OneSmile Gala. In order to properly recognize your contribution to this 501(c)(3) organization, please complete the following information:

Donor (Individual or Company) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person (Dr./Mr./Mrs./Other) \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Description of Donated Item \_\_\_\_\_

Estimated Value \$ \_\_\_\_\_

Special Instructions (use of logo, item pick up, etc) \_\_\_\_\_

I/we wish to purchase a VIP table or individual seats for the event. Please visit mndental.org/gala for details and registration.

Person Soliciting Donation \_\_\_\_\_

PLEASE RETURN THIS FORM TO:

Minnesota Dental Foundation
1335 Industrial Boulevard, Suite
200
Minneapolis, MN
55413

Phone: 612.767.8400 Fax: 612.767.8500 E-mail: kgaffaney@mndental.org
Federal Tax ID 41-1927049

Together, we CAN make a difference

Internal Use: Date Received: \_\_\_\_\_ Env/Item: \_\_\_\_\_ Completed: \_\_\_\_\_