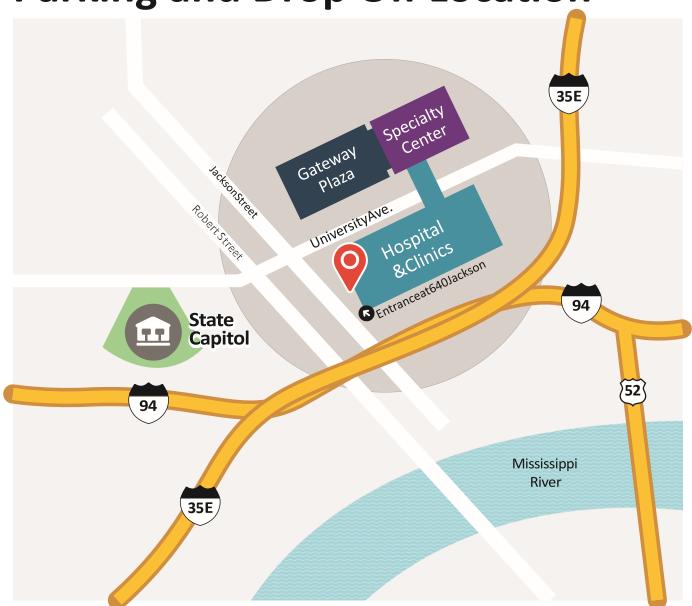


Gift-In-Kind Contribution Form

If printed, please interoffice mail to the Foundation at 010605 or email to Foundation@gillettechildrens.com. Please do not fax.

| | General Information |
|---------------------------------------|--|
| Received By: | Date Received: |
| | |
| | |
| | Company or Organization |
| Company Name: | |
| | |
| Company Address: | |
| Street, Suite / Apt/ Bldg | |
| | |
| | |
| City, State | Postal Code |
| | |
| Business Phone Number: | |
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| | |
| Donor Name: | Donor or Contact Person ———————————————————————————————————— |
| Donor Name. | |
| | |
| Donor Address: | |
| Street, Suite / Apt/ Bldg | |
| | |
| 25. 25.4 | Postal Code |
| City, State | Posial Code |
| | |
| Cell Phone Number: | |
| Con i none i anno i | |
| | |
| | Tribute Gift Information |
| In Honor Of: | In Memory Of: |
| First and Last Name | First and Last Name |
| | |
| | |
| | Send Notification Of This Tribute Gift To — |
| Name: | |
| | |
| Address: Street, Suite / Apt/ Bldg | |
| Street, Suite / Apri Diag | |
| | |
| City, State | Postal Code |
| | |
| | |

Parking and Drop Off Location



Location Address and Parking:

200 University Avenue East St. Paul, MN 55101

NOTE: The best address for your GPS is 640 Jackson Street. Patients can access the hospital, clinics and other outpatient services on level D at the Regions West Entrance (640 Jackson Street – West Ramp)