



Minneapolis Heart Institute Foundation *To Her Health!* Wine Dinner
Thursday, June 10, 2010 at Spasso, Minnetonka

Gift Form

Company Name _____

In support of the Minneapolis Heart Institute Foundation, we commit to a sponsorship of:

- Gold (\$10,000)
- Silver (\$5,000)
- Bronze (\$2,500)
- Brass (\$1,000)
- Friends of the Foundation (\$250)
- Other \$ _____

Our gift is enclosed (please make check payable to: Minneapolis Heart Institute Foundation)

I wish to be billed (check one):

- Immediately
- In the month of: _____

Please recognize us in publications as: _____

Signature of authorizing personnel Date

Name and Title of authorizing personnel (please print)

Please indicate the appropriate contact for acquiring attendee names and/or logo information

Name: _____ Title _____

Email: _____ Phone: _____

If known, please include names of guests (may be provided at a later date):

We will not be sending guests, making our gift fully tax-deductible.

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____
- 7. _____ 8. _____
- 9. _____ 10. _____

Please return to: Minneapolis Heart Institute Foundation, Attn: Toni Knorr
920 East 28th Street, Suite 100, Minneapolis, MN 55407

Email: tknorr@mhif.org
Phone: 612-863-3844
Fax: 612-863-3801

Thank You!