Support communities healthcare response and Avon and Avon Lake businesses by:

- Buying gift cards
- Donating to Cleveland Clinic, Mercy Health and University Hospitals in support of the emergency, medical and healthcare professionals who are today’s heroes during this extremely difficult time.
- PPE and monetary donations are extremely needed as well.

To learn how to make your gift card or monetary donation contact:

- Email: giving@ccf.org
- Call: (800) 999-2744
- Email: UHGiving@UHhospitals.org

Your donation will make a difference in someone’s life.

**PLEASE DONATE BY MAY 8, 2020**
COVID-19 Heroes Fund
In-Kind Contributions Donation Form

The undersigned agrees to donate the item(s) described herein to Cleveland Clinic, Mercy Health or University Hospitals, all 501(c)(3) charitable organizations.

DONATION INTENDED FOR:

☐ Cleveland Clinic  ☐ MERCY HEALTH  ☐ University Hospitals

First and Last Name: ________________________________

Street: ____________________________  City: __________  State: ______  Zip: ______

Email: ____________________________  Phone: __________

Descriptions of Items Donated: ____________________________________________

Retail or Fair Market Value: ____________________________________________

*Please attach copies of receipts or documentation for in-kind items contributed.

Restrictions (if any apply): ____________________________________________

Delivery / Pick-Up Arrangements: _______________________________________

Organization Contact Name / Department: ________________________________

Unless otherwise indicated, the organization specified may use my name in connection with this donation.

☐ Please do NOT use my name in association with this contribution.

Signature: ____________________________  Date: __________

☐ I wish for my/our name(s) to be recognized—listed in organizational publications as: ____________________________________________

☐ I wish to give anonymously

☐ I wish to dedicate my gift ☐ in honor of: ☐ in memory of:

Name/Address: ____________________________  Name/Address: ____________________________

Name/Address: ____________________________  Name/Address: ____________________________

Name/Address: ____________________________  Name/Address: ____________________________

Please include the completed form and documentation with your donation.

* If you intend to claim a tax deduction for a non-cash charitable contribution when the amount of the deduction is $500 or more, IRS Form 8283 may need to be completed.

Contact your tax consultant for more information.

DROP OFF LOCATIONS

Avon City Hall  ............................................ 36080 Chester Rd, Avon, OH 44011

Avon Lake City Hall  ................................. 150 Avon Belden Rd, Avon Lake, OH 44012

Avon/Avon Lake Community Resource Services  .... 33479 Lake Rd C, Avon Lake, OH 44012

Cleveland Clinic ........................................... 33300 Cleveland Clinic Blvd, Avon, OH 44011

Mercy Health  ............................................ 1813 Nagel Rd Suite 500, Avon, OH 44011

University Hospitals  ................................... 29000 Center Ridge Road Westlake, OH 44145 at the main lobby

PLEASE MAKE DONATIONS BY MAY 8, 2020