

CRETIN-DERHAM HALL BAND RAFFLE DONATION FORM

Donor or Business Name: Contact Person: Donor or Business Address:			
		City, State, Zip:	
		Telephone:	Fax:
Email:			
	be donated: To assist in accuracy, list all items to be ertising & our display stands. Use back of form if needed.		
	t and ready to be raffled off? Yes No JE AND ANY EXPIRATION DATES OF ITEM(S) DONATED:		
Items in Baskets: list the total Value of	of <u>all</u> the items in the basket: \$		
Non-Basket Item(s): list the total Valu	ue of <u>all</u> items: \$		
List all expiration dates, if applicable	e (i.e. item and then expiration date):		
May we use your corporate logo to p	promote your item during the Raffle? YesNo		
	es we receive single items that will draw more attention by combining		
them with other items. If this should happen	with your item, all donors' items will be acknowledged separately.		
Donor Signature:	Date:		
Please return this form with all donation	ns. Donation deadline is Oct. 1, 2017.		

Contacts: CDHBandRaffle@gmail.com (Gay Herman/Jeff Christensen, 651.493.7555 or Dan Craighead, 651.366.2615)