



BUCKET RAFFLE DONATION

DONOR INFORMATION:

Contact: _____
Company Name: _____
Address: _____

Phone number: _____
Email: _____
Acknowledgement/Tax Form to: _____

DONATION INFORMATION:

Item(s) or Cash Donated: _____
Value of Donation: \$ _____ Expiration Date: _____
Detailed Description of Item (size, color, and any/all identifying information):

Other Restrictive Information (i.e., dates available, class of travel, etc.):

Comments:

Tax I.D. #36-4376889
Gavers Community Cancer Foundation is a 501(c)(3) not-for-profit organization.
Return form to Diane Messman | dyza10@aol.com.