



RAFFLE DONATION

DATE _____

COMPANY NAME _____

CONTACT NAME _____

ADDRESS _____

TELEPHONE _____ **FAX** _____

EMAIL _____

RAFFLE DONATION _____

DONATION VALUE _____

_____ **DONATION ENCLOSED**

_____ **YES WE WILL DONATE, PLEASE CONTACT ME
AT A LATER DATE – CONTACT DATE** _____

_____ **CHECK HERE IF YOU WOULD LIKE US TO PICK
UP DONATION – PICK-UP DATE** _____

_____ **PLEASE CALL, I NEED MORE INFORMATION**

**** ALL DONATIONS ARE TAX DEDUCTIBLE ****

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