



RAFFLE DONATION FORM

DONOR'S INFORMATION

DONOR: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

DESCRIPTION OF ITEM BEING DONATED

ITEM
 GIFT CERTIFICATE

GIFT BASKET
 OTHER

VALUE: \$ _____

YOUR DONATION IS TAX-DEDUCTIBLE TO THE FULL EXTENT ALLOWED BY LAW.

DELIVERY
 PICK-UP

SUBMIT FORM

PLEASE COMPLETE AND SUBMIT THIS FORM VIA EMAIL TO GOLFWNT@GMAIL.COM

Thank you for this tax-deductible contribution and for your commitment to support the LIP PROGRAM. This acknowledgment should be retained for substantiation for gifts you may claim as a tax deduction. Federal tax law requires us to inform you that no goods or benefits were provided in exchange for this donation. | **TAX ID #75-2236936**