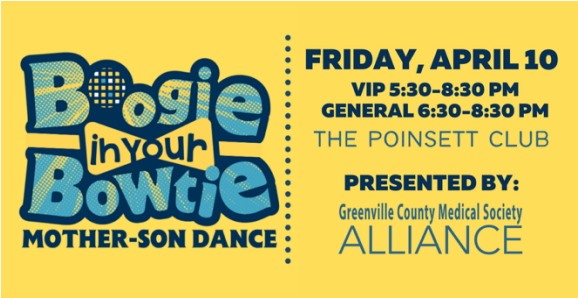

RAFFLE/SILENT AUCTION ITEM DONATION FORM

DONOR INFORMATION

Donor Name/Company Name (as it should appear in printed materials)

Donor Contact Name | Other Contact Name

Address | City | State | Zip Code

( )

Contact # | Email Address

ITEM INFORMATION

- ☐ Vacation/Travel
- ☐ Gift Card / Certificate
- ☐ Personal Service
- ☐ Jewelry
- ☐ Home Goods
- ☐ Gift Basket or Item(s)
- ☐ Other
- ☐ Art
- ☐ Sports Memorabilia
- ☐ Sporting Goods
- ☐ Sporting / Cultural Event
- ☐ Children's Toys
- ☐ Electronics

DETAILED ITEM DESCRIPTION(S):

ESTIMATED VALUE(S):

- ☐ I will drop off my donation item. Please contact me to schedule a drop-off time and location.
- ☐ I will mail my donation item with this form to GCMSA, PO Box 26658, Greenville SC 29616.
- ☐ I would like my donation item picked up. Please contact me to schedule a pickup time and location.

Please return this form to: GCMSA, P.O. Box 26658, Greenville SC 29616
For questions, please contact ***alliance@gcmsa.org***

Thank you for supporting the Greenville County Medical Society Alliance. The GCMSA is a registered 501(c)(3) nonprofit organization, Federal Tax ID 57-0790743. All contributions are tax-deductible as allowed by law.