



RAFFLE 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

<input type="checkbox"/> High-Priced Item for Moms	<input type="checkbox"/> High-Priced Item for Boys
<input type="checkbox"/> Gift Card / Certificate	<input type="checkbox"/> Sports Memorabilia
<input type="checkbox"/> Personal Service	<input type="checkbox"/> Sporting Goods
<input type="checkbox"/> Jewelry	<input type="checkbox"/> Sporting / Cultural Event
<input type="checkbox"/> Home Goods	<input type="checkbox"/> Children's Toys
<input type="checkbox"/> Gift Basket or Item(s)	<input type="checkbox"/> Electronics
<input type="checkbox"/> Other	

DETAILED ITEM DESCRIPTION(S):

ESTIMATED VALUE(S):

Please return this form to: GCMSA, P.O. Box 26658, Greenville SC 29616

For questions, please contact alliance@gcmsa.org

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