



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

☐

High-Priced Item for Moms

☐

Gift Card / Certificate

☐

Personal Service

☐

Jewelry

☐

Home Goods

☐

Gift Basket or Item(s)

☐

Other

☐

High-Priced Item for Boys

☐

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.

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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.