



The Associate Board of Gilda's Club NYC

EVENT RAFFLE DONATION AGREEMENT

Please print:

Event Name:

Event Date:

Associate Board Contact:

(Donor Name/Company Name, as you would like to appear in written materials and on our website)

DETAILS:

1. Description of Item(s)/Services being donated: _____

2. Special Instructions/Restrictions: _____

3. Retail Value: \$ _____

4. If donated item(s) are not used for this benefit, I/we give permission for this donation to be used at future GCNYC fundraising event Yes No

DELIVERY METHOD:

1. Merchandise/Certificate delivery date: _____

2. Delivery Location:

3. Deliverer Contact:

Donor's Signature: _____ Date: _____



The Associate Board of Gilda's Club NYC

RAFFLE DONOR CONTACT INFORMATION

Event Name:

Event Date:

Associate Board Contact:

DETAILS:

Donor Contact Name:

Donor Name/Company Name:

Address: _____ Apt/Suite/Floor No. _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: _____ E-mail Address: _____

Once completed, please return to:

Eileen F. Jackson, Associate Director of Special Events

Gilda's Club New York City

195 West Houston Street

New York, NY 10014

Ph. 212-647-9700 x254, Fax 212-647-1154 or ejackson@gildasclubnyc.org

*Gilda's Club New York City is a 501(c)(3) charitable organization.. Federal Tax ID#: 13-4046652
You may wish to consult your tax and legal advisors with regard to the treatment of this donation(s)
for tax purposes.*

For Office Use: Solicitor: _____

Date Received: _____