

Raffle Prize Donation Form



September 7th, 2008

Committee Member Name: _____ Phone: _____
Fax: _____ Email: _____

Please fill out donor contact information or attach a business card to this form.

Donor Contact Name: _____ Company: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Retail Value of item (US): \$ _____

Please provide a detailed description (e.g., contents of gift basket, services included, expiration date or other restrictions)

Any questions:
Tamara Skov
Visiting Nurse & Hospice Care • 222 E. Canon Perdido St
Santa Barbara, CA 93101 • (805) 690-6222 • Fax: (805) 564-7672
Tax Id #: 77-0342043

