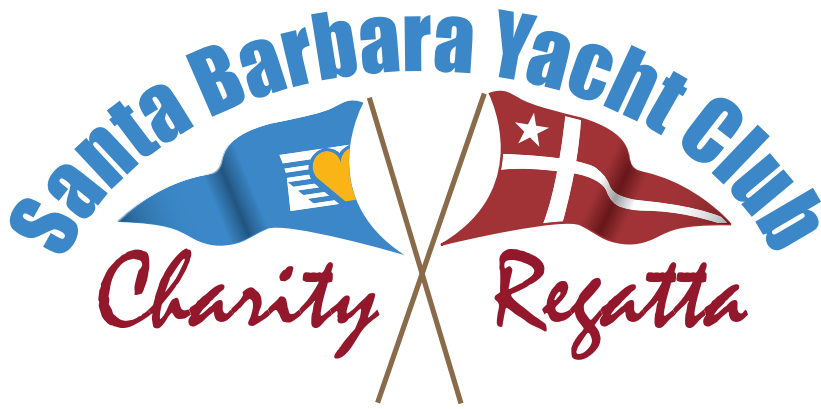


# Raffle Prize Donation Form



September 7<sup>th</sup>, 2008

<b>Committee Member Name:</b> _____ <b>Phone:</b> _____
<b>Fax:</b> _____ <b>Email:</b> _____

*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)

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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

