



Raffle Prize Donation Form

Event Date: September 13th, 2009

Please print 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)

Committee Member Name: _____ **Phone:** _____

Fax: _____ **Email:** _____

Any questions:
 Lora Barker
 Visiting Nurse & Hospice Care • 222 E. Canon Perdido St
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 Tax Id #: 95-1641969

