



Raffle / Silent Auction Donation Form

Thursday, October 10th, 2024

Donor Information: (PLEASE print clearly)

Name: _____

Company (if applicable): _____

Address: _____

Phone: _____ **Email:** _____

Donation/Item Information: (PLEASE print clearly)

Item/Service Donated: _____

Brief Description: _____

Restrictions (if applicable): _____

Retail Value of Donation (REQUIRED): \$ _____

- Please return donation(s) with this form to: Alyssa Lovitt at admin@ilovittevents.com
- All donors will be recognized on the item listing. We will use the information you provide under "Donor Information." If you do not wish to be listed, please indicate it on this form.
- Items may be combined to create "packages," however all donors are recognized separately.
- For questions or additional information, please contact Alyssa Lovitt at admin@ilovittevents.com
- **Deadline for donations is Friday, September 27th, 2024** for coordination, packaging, and upload.
- All proceeds benefit the non-profit 501(c)(3) organization, Memorial Healthcare System
- All donors will be recognized on the item listing. We will use the information you provide under "Donor Information."