



## Raffle Donation Form

Company: \_\_\_\_\_

Company Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Donor name to be recognized: \_\_\_\_\_

Donation description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Restrictions/Expiration Date: \_\_\_\_\_

Estimated Retail Value: \$ \_\_\_\_\_

*Please note that while some items may be considered "Priceless," an estimated fair market value is required from the donor for tax purposes.*

Please check one:

- ☐ Item is attached
- ☐ Item needs to be picked up.

Instructions: \_\_\_\_\_

St. Jude Children's Research Hospital is a qualified non-profit organization as defined under IRC Sec. 501(c) (3). You will receive written acknowledgement of your contribution for federal income tax purposes after the event. All donations are subject to approval by ALSAC/St. Jude and must be compliant with state regulations.

Please send completed donation forms by **Friday, March 3, 2017** to:

ALSAC/St. Jude Children's Research Hospital

Attention: Invest in Hope

313 Washington St. Suite 310

Newton, MA 02458

Fax: 617-969-4480

Email: [Kaitlyn.Fitzgibbons@stjude.org](mailto:Kaitlyn.Fitzgibbons@stjude.org)