



St. Jude New England Classic 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 **Monday, May 5, 2017** to:

ALSAC/St. Jude Children's Research Hospital

Attention: New England St. Jude Classic

313 Washington St. Suite 310

Newton, MA 02458

Fax: 617-969-4480

Email: Kaitlyn.Fitzgibbons@stjude.org