Raffle Item Donor Form

The donor agrees to contribute the following items to the **Lone Star Ride Fighting AIDS Casino Night Raffle**. Donations of goods or services are tax deductible to the fullest extent of the law.

DONOR INFORMATION ❍ I prefer to make my donation anonymous

Donor Contact Name/Title

Donor/Company Name (as it should appear in print)

Address City ST Zip

Daytime Telephone FAX

Cell Phone Email (This will be primary contact method for this event.)

For Information contact:
Arlen Miller: 214.532.7094
amiller@lonestarride.org

DONATION DESCRIPTION: Please provide a description of the item(s) you wish to donate. Attach additional sheets if necessary.

Item 1 $ Retail Value of Item

Description

Description Date of Drop off or Pick Up

Item 2 $ Retail Value of Item

Description

Description Date of Drop off or Pick Up

Gift Certificate Information:

❍ My Donation is a Gift Certificate

Gift Certificate Expiration Date

❍ Gift Certificate is enclosed.
❍ I will forward gift certificate at a later date
❍ Please generate a gift certificate on my behalf

Donor Signature

MAIL OR FAX COMPLETED DONATION FORM TO:

Lone Star Ride Fighting AIDS
Attn: Arlen Miller
P.O. Box 190537
Dallas, TX 75219 -0537
Phone: 214.532.7094 FAX: 214.522.4604
email: amiller@lonestarride.org

Email address to send PDF of gift certificate for approval

Rider/Crew Member Signature and Number