MN Glass Association

Raffle Donation Form

Item(s) Donated: *Please give detailed description(s)*_____

_____

_____

Value of Donation $_____

Company Name_____

Contact Person_____

Phone_____ Email_____

Address_____

City/State/Zip_____

Company name *(if different than above)* under which donor would like to be acknowledged on event web page and at event

_____

Please check one of the following

- ☐ I will mail item to the address below (to the attention of Lisa)
- ☐ Gift Certificate included with form
- ☐ Donor will deliver item(s) day of event
- ☐ Please arrange to pick up item(s) with me

Restrictions/limitations *(if any)*_____

If available, you may provide material such as brochures or business cards for display *(subject to space availability)* at the event.

I, undersigned donor, hereby acknowledge and agree to provide the stated goods and/or services to the MN Glass Association.

_____ Date_____

Thank you for your support!!!

Minnesota *Glass* Association
1123 Glenwood Avenue, Suite #100, Minneapolis, MN 55405
Ph: 952-270-3645 | Fx: 763-413-1131 | E-mail: events@mnglass.org | www.mnglass.org