

# Jackson High School Girls Soccer 2019 Fundraiser

## Donation Form

Business/Donor Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

\_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Please enclose a business card (if available)

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I wish to donate the following item(s) to The Reverse Raffle Fundraiser:

Goods or Services (Description): \_\_\_\_\_

(Value): \$ \_\_\_\_\_

Gift Card(s) (Description): \_\_\_\_\_

(Value): \$ \_\_\_\_\_

Monetary Donation (Amount): \$ \_\_\_\_\_

Please make Checks payable to **Jackson Girls Soccer Booster Club**

Donations are tax-deductible, a receipt is available upon request!

Please contact the Fundraiser Chairperson(s) on the attached letter and they will gladly pick-up your donation items.

All Patrons will appear in the event program.