



## SHUCK CANCER DONOR FORM

Please fill out this form in its entirety.

IS DONOR ANONYMOUS? YES \_\_\_ NO \_\_\_

DONATION BEING: Picked up by WINNER \_\_\_\_\_

Picked up & delivered by Shuck Cancer member \_\_\_\_\_

Mailed In \_\_\_\_\_

DONOR NAME & ORGANIZATION \_\_\_\_\_

CONTACT (IF DIFFERENT FROM DONOR) \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS, CITY, STATE, ZIP \_\_\_\_\_

NAME OF ITEM DONATED \_\_\_\_\_

\$\$ VALUE OF DONATION \_\_\_\_\_

EXPIRATION DATE (IF ANY) \_\_\_\_\_

**IF ARTWORK DONATION:**

**TITLE** \_\_\_\_\_ **ARTIST** \_\_\_\_\_

**DESCRIPTION** \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL NOTES (if applicable):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DONOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MEMBER ACCEPTY** \_\_\_\_\_ **DATE OF ACCEPTANCE** \_\_\_\_\_