



# 6TH ANNUAL SUMMER BLOOD DRIVE

## RAFFLE ITEM DONATION SOLICITATION FORM

**AUGUST 2019**

SOLICITED BY: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

ITEM DESCRIPTION: \_\_\_\_\_

ITEM FAIR MARKET VALUE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

DONATED BY: \_\_\_\_\_

(company or individual name as it should appear in the catalog):

ADDRESS: \_\_\_\_\_

street

city

state

zip

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

RESTRICTIONS ON DONATION (if any): \_\_\_\_\_

DISPLAY INSTRUCTIONS (if any): \_\_\_\_\_

DELIVERY INSTRUCTIONS: \_\_\_\_\_

DONOR WILL DELIVER ON: \_\_/\_\_/\_\_  DONOR WILL DELIVER ON: \_\_/\_\_/\_\_

ITEM ENTERED INTO DATABASE

THANK YOU LETTER SENT

Thank you for your tax-deductible donation to the New Orleans Musicians' Clinic & Assistance Foundation (NOMC&AF). All items will directly benefit the New Orleans Musicians' Clinic & Assistance Foundation. Please note that it is the responsibility of the donor to establish the value of the gifts-in-kind for charitable tax-deductible purposes. NOMAF's EIN number is 20-8139539.

**ERICA DUDAS**

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