

# Donation Form

## 2009 Cocktails for Cancer

### 1. Donor Information:

Name:	
Address:	
City, State, Zip:	
Phone	E-mail:

### 2. Contact Information: (if different from above)

Name:	
Phone:	E-mail:

### 3. Donation Information: Detailed Item Description (please include size, color, dates, number of people, etc.)

Name of Item(s):	Donor's Estimated Value:
	\$ _____
	\$ _____

### 4. Special Conditions/Restrictions/Expiration Date:

---

5. Does Item Have Display Material?  None  Yes, do not have to be returned  Yes, to be returned

### 6. Signature of Donor

Date

Committee Contact

\_\_\_\_\_

Please email, fax or mail this form no later than September 1<sup>st</sup> to:

Cocktails for Cancer  
LC squared Inc.  
208 Edgewater Circle  
Chapel Hill, North Carolina 27516  
919-928-0979 (phone)  
919-967-1326 (fax)  
[leahfowler@hotmail.com](mailto:leahfowler@hotmail.com) Tax Identification Number: 26-2502457