

Food 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 (Number of people the item serves, 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 1st 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 Tax Identification Number: 26-2502457