



**Cancer Survivor Celebration**  
**Thursday, June 8, 2017**  
**Sponsorship & Donation Form**



Name(s): \_\_\_\_\_  
Please PRINT your name or business, as you would like it to be listed

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **Donation for Cancer Survivor Celebration Raffle**

Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description/special information: \_\_\_\_\_

\_\_\_\_\_

Date available: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Salisbury Visiting Nurse – 30A Salmon Kill Rd, Salisbury, CT 06068**

**This form serves as your Tax Donation receipt**

**THANK YOU!**