



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!