



DONATION REQUEST FORM- Raffle Item

Organization Name: _____

Event Date: _____

Description of Event: _____

Contact: _____ Phone: _____

Return Address: (where we mail auction item to):

Street: _____

Town: _____ State: _____ Zip: _____

Organization Federal Tax ID # : _____

Terms and Conditions:

- Requests can be mailed to :
 - SportsCenter of Connecticut,
784 River Road, Shelton, CT 06484 attn: Community Relations
 - Or Faxed to Community Relations attention at : (203) 929-3951
- A letter on organizational letterhead must accompany this form.
- All Non-profit organizations must provide the Federal Tax ID number in the space provided,
- Please submit at least one month prior to date of event.