

ITEM DONATION FORM

Please return this portion to: Events for a Cause, Inc., 1938 E. Lincoln Hwy., Ste. 214, New Lenox, IL 60451.

Do you consent for information in this form to be used by Events for a Cause, Inc. on promotional materials? $\Box Yes \Box No$					
Donor Name:		Total Donation Value: \$			
Contact Name:					
Street Address: City/State/Zip: Contact Phone:		Special Instructions:			
			Contact Email:		-
			Website Address:		
Item(s) being donated:					
For edible donations, please list any allergens:	1				
Donor Signature:	Donation Received by:				
Please retain this portion	on for your records.				
Events for a Cause, Inc.: Witches Night Out event raffles and/or prizes					
Donor Name:					
Donor Amount: \$					
Donor Interval: Once-off					
<u>Donor Interval: Once-off</u> Period: 01/2024 - 12/2024					
Period: 01/2024 - 12/2024					
Period: 01/2024 - 12/2024 Donation Date and Time:	snightout.com				

Thank you for supporting Witches Night Out. Your generosity is very much appreciated!