



Game Day

Raffle Donation Form

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Item(s) Donated:

ITEM	VALUE

*Please have all certificates valid for one year through December 31, 2020

*Expiration Date: _____ Total Estimated Value: \$ _____

Signature: _____

Restrictions and/or Limitations: _____

Please Check: Certificate/Item enclosed Certificate/Item will be delivered

Solicited By: _____ Date: _____

Phone: _____ Email: _____

Complete form and email to:

Ginnean Shaw
 Development Associate
 OUR HOUSE Grief Support Center
ginnean@ourhouse-grief.org

Donations can be sent to:

OUR HOUSE Grief Support Center
 C/O Game Day Event
 21860 Burbank Blvd., Suite 195
 Woodland Hills, CA 91367