

2022 Mackinac Island Raffle for the Annual Michigan K of C State Convention in support of Holy Cross Services

DONATION SHEET

PLEASE TYPE OR PRINT AND FILL OUT COMPLETELY

__ Donation Value \$ _____

NAME YOUR GIFT ITEM BEING DONATED: _____

DONATED BY: _____

PLEASE BE SURE TO INCLUDE THOSE WHO CONTRIBUTED SUCH AS COUNCIL, DISTRICT AND ASSEMBLY. ALSO INCLUDE YOUR POSITION

NAME AND ADDRESS OF THE PERSON WHO DONATED THE ITEM- WE WOULD LIKE TO THANK THEM.

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER: _____ CELL PHONE _____ EMAIL _____

CONTACT PERSON IF DIFFERENT THAN RAFFLE GIFT DONOR

NAME: _____ PHONE _____ EMAIL _____

RETURN TO: PAMELA MCCUEN

23249 DEZIEL

ST. CLAIR SHORES, MI 48082

EMAIL: p.mcguen@mikofc.org

CELL PHONE: 313 641-1045

PLEASE BRING ALL DONATION ITEMS WITH YOU TO THE GRAND HOTEL ON MAY 25TH 2022