

DADSTRONG

Annual Charity Golf Tournament

July, 24th 2017 @ Shackamaxon Golf & Country Club

Donation of Goods and Services Form

Contact Name / Authorized By

Company or Organization (as you would like it to appear, where applicable)

Address, City, State, Zip Code

Business Phone

Email

Website

Donation Quantity and Description:

Market Value (\$): _____ Expiration Date: _____
(Must be after the event date of July 24, 2017)

Item Enclosed Please Call Me Regarding Pick Up

Donor will send/deliver item or certificate by (date) _____

All donations must be received by July 20, 2017

ALL DONATIONS CAN BE DIRECTED TO:

HSMF

630 Clark Street, Westfield, NJ 07090

Attn: Helene Coustan

Email: hcoustan@gmail.com Phone: 732-682-6068

I understand that HSMF event on July 24th, benefits the Multiple Myeloma Research Foundation (MMRF) and Lustgarten Foundation. Federal Tax ID Number: 13-4172704.

Authorized Signature: _____ Date: _____