

DADSTRONG

Annual Charity Golf Tournament

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 August 29, 2018)

Item Enclosed Please Call Me Regarding Pick Up
 Donor will send/deliver item or certificate by (date) _____

All donations must be received by August 24, 2018

**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 August 29, benefits the Multiple Myeloma Research Foundation (MMRF) and Lustgarten Foundation. Federal Tax ID Number: 13-4172704.

Authorized Signature: _____ Date: _____