



Lowcountry Ovarian Cancer Alliance
Cocktails for a Cause



DONATION RECEIPT FORM

DONOR INFORMATION (PLEASE PRINT)

Date	Donor or Business Name	
Donor Contact Name if Different from Name Above		
Mailing Address		
City	State	Zip Code
Phone: Business or Home	Mobile Phone:	Email

DONATION INFORMATION (PLEASE PRINT)

_____ Gift Item _____ Gift Certificate	Estimated Fair Market Value \$
Detailed Description of Donation:	

DONATION DETAILS (CHECK ALL THAT APPLY)

DELIVERY	GIFT CERTIFICATES	MISCELLANEOUS
<input type="checkbox"/> Donation Made <input type="checkbox"/> I will deliver. <input type="checkbox"/> Please contact me to arrange pickup.	<input type="checkbox"/> I will provide gift certificate. <input type="checkbox"/> Please create gift certificate.	<input type="checkbox"/> Cash donation enclosed \$ _____ <input type="checkbox"/> Please contact me regarding sponsorship opportunities.

For Use By Cocktails for a Cause Committee:

Auction Item # _____ Package# _____ Paired With # _____ Package Value \$ _____ Procured By _____ Phone _____ Email _____	Please return completed form to: Lowcountry Ovarian Cancer Alliance P.O. Box 21661, East Bay Station Charleston, SC 29413 Phone: (843) 666-6776 Toll Free: 877-331-6820 www.LOCASC.org lowcountryoc@gmail.com
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Thank you for your support. Your donation may be tax deductible. Please consult your tax advisor.