



RAFFLE DONATION

Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

I'M HAPPY TO DONATE THE FOLLOWING RAFFLE ITEM:

Donation Item: _____

Monetary Value: _____

Special Conditions/Restrictions: _____

Expiration Date: _____

HOW WILL MHHS RECEIVE THIS ITEM?

- ☐ Enclosed with this form
 - ☐ Please contact me to coordinate pick-up
 - ☐ I will deliver to the shelter by April 3, 2026
(Open M-F 12:00pm-6pm, Sat 10am-4pm)
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Please return this form to:

MHHS, 3 Oakland Avenue Menands, NY 12204
Questions? Contact Lauren Clark at 518.434.8128, x. 242 or
events@mohawkhumane.org.