



MOHAWK HUDSON  
**HUMANE  
SOCIETY**



## 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)

*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](mailto:events@mohawkhumane.org).