



SAILS UP 4 CANCER

DONATION DESCRIPTION FORM (One form per donation, please)

Donated Item or Service: _____

Description of donation (please include ALL details and be specific):

Needs to be picked up - OR - I will deliver to SU4C representative prior to June 12, 2018.

Donated by: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

Retail Value (if applicable, and determined by donor): \$_____

In Honor of (Optional): _____ Date: _____

Please mail donations to:

Sails Up 4 Cancer, 23 East Main Street, PO Box 623, Mystic, CT 06355

Thank you for making a difference in the lives of so many.

If you have any questions, please contact: Bob Davis via email: RDavis@su4c.org

Federal tax id # 27-5553950