



## 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 19, 2019

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](mailto:RDavis@su4c.org)

Federal tax id # 27-5553950