



ONE FORM MUST BE FILLED OUT FOR EACH ITEM DONATED

Oyster Restoration Benefit Raffle Contribution Form

Contributor

Company/Individual (as you would like it to appear in print): _____

Name of Contact Person: _____

Address: _____

Phone: _____ Fax: _____ E-mail _____

Contribution

Description: _____

Retail Value: _____ Exchangeable? Yes _____ No _____

Additional Information (Include all restrictions/limitations)

Arrangements

Date sent/received in mail _____

Pick-up date _____ Pick-up location _____

**THIS DONATION BECOMES THE PROPERTY OF THE GALVESTON BAY
FOUNDATION AND IS TO BE OFFERED FOR A RAFFLE PRIZE, PROCEEDS OF
WHICH GO TO THE GALVESTON BAY FOUNDATION. WE GRATEFULLY
ACKNOWLEDGE THE CONTRIBUTION. THANK YOU VERY MUCH!**

Contributor's signature

Date

Solicitor's signature

Date