



Raffle Donation

Donor Company Name: _____

Donor Representative Name: _____

Address: _____

Email: _____

Phone Number: _____

Description of item(s) or service donated (including any restrictions to the donation):

Value: \$_____

I prefer a tax receipt be sent by: email mail

Thank you for your support!

Duke Carrillo Foundation
PO Box 271130
Flower Mound, TX 75027