**DONOR CONFIRMATION FORM**

*To ensure inclusion in the program and banner, please return before* ***Sunday, December 31, 2017:***

***MAIL:*** *(****Kelly R. Killeen) 333 Julia St. Unit 309 New Orleans, LA 70130***

***EMAIL:*** **Team@Porkchopitoulas.com**

|  |  |  |
| --- | --- | --- |
| **\*Complete Name of Donor:** |  | \*as it should appear on program/banner |
| **Name & Title:** |  |
| **Address:** |  |
| **Telephone:** |  | **Facsimile:** |  |
| **Email:** |  | **Website:** |  |

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| --- |
| **I/we agree to provide the following donation:** |
|  |
| **Please list any special restrictions or expirations that may apply:** |
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| --- | --- | --- | --- |
| **Fair market value of this donation is:** | $ |  |  |

**This donation is authorized by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Your signature** |  | **Please print your name** |  | **Date** |

Gulf Coast Cancer Relief / Porkchopitoulas is a §501(c)(3) non-profit organization (FEIN: 47-2550437).  No goods or services were provided in return for this donation, therefore it is fully tax deductible as provided by law.