

# GOLF TOURNAMENT DONATION FORM

## 4<sup>th</sup> Annual Charity Golf Scramble

Sunday, June 9<sup>th</sup>, 2019



Capital City  
Education Alliance

Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

### ITEM INFORMATION (quantity, size, color, restrictions, etc.)

Please describe the item in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Item Value\$ \_\_\_\_\_

Gift Certificate (Attached)

Pick Up Required. *Please arrange a time.*

Item Enclosed

Item will not be available until after event, contact:

Donor will Deliver Item to, contact:

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Donor Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Solicitor \_\_\_\_\_

### Mail or email this form to:

Capital City Education Alliance  
30 Arbor Street, Suite B16  
Hartford, CT 06106

ph: 860-206-3778 | email: colleen@cceahartford.org

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