



**CLARENCE SENIOR CENTER BASKET RAFFLE
DONATION FORM**
Saturday, Sept. 12, 2026, 10am-2pm

DONOR NAME: _____

BUSINESS/ORGANIZATION NAME: _____

MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

ITEM DESCRIPTION: _____

ESTIMATED VALUE: _____

DELIVERY METHOD:

- I will drop off at Center: 4600 Thompson Road, Clarence by Sept. 4
- I need CSC to pick up item
- I will email item to: katie@thecsci.org by Sept. 4
- I need CSC to create a certificate

SIGNATURE: _____

TODAY'S DATE: _____

MAIL FORM TO:

Clarence Senior Center
4600 Thompson Road
Clarence, NY 14031

Thank you for your support!

Or scan the QR Code to sign up on line:

