



## Scholarship Raffle Donation

Theme or Name of Raffle Gift: \_\_\_\_\_

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<input type="checkbox"/> Region # _____	<input type="checkbox"/> Individual _____
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Donor Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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Item Description	Value
<b>TOTAL VALUE OF RAFFLE GIFT</b>	

*Please email by October 10 **AND** attach a paper copy to your donation.*

OAGC Scholarship Raffle Chair

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