Raffle Basket Donations for KYHC Day

When: November 1, 2025 **Where: Ice Valley**

Please fill out the information below, so we can properly recognize your donation at our event.

Donor Information:

Organization/Individual Name: _____

Mailing Address:_____City_____Zip_____

Daytime Phone Number:_____

Contact Person:_____

Email Address:_____

Donated Item Description: Please describe the item(s) being donated:

_____

_____

_____

_____

_ Estimated value of donation: $ _____

Please list any restriction or stipulations that apply to the donation:

_____

_____

Player Name: _____ **Level:** _____

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Kankakee Youth Hockey Club 501c3 Nonprofit Organization Tax ID: 30-0241290

Company/Individual Name: _____

Address: _____

Donation Amount:_____ Player Name: _____