



Dash for Dessert Rations Donation Form

*Please Submit by **March 29, 2019***

DONOR INFORMATION

Donor Name *(Please list above EXACTLY as you would like the donor listing to appear on dessert menu)*

Contact Name	Email
Address	City/State/Zip
Phone	Alternate Phone

Name of Individual for Thank you/Tax letter *(if different than donor/contact name)*

Signature of Donor _____ **Date** _____
(Donation cannot be processed without donor signature. If submitted electronically, entering your name serves as your signature.)

DESCRIPTION OF DESSERT ITEM

Dessert Name:

Value *(Please estimate for tax purposes):* \$

Item Description: Please write an appealing description of your dessert and its ingredients to help us give our guests an accurate and enticing list of dessert choices. Please note below if your dessert contains nuts of any kind, and which types.

- Contains Nuts
 Gluten-Free
 Dairy-Free
 Vegan
 Other

DELIVERY OF DESSERT ITEM *(please select one)*

Special arrangements needed. Best times to call me: _____

Donor will deliver to **Lakeside Lutheran on Friday, April 12 between 7:30—3:00 PM**

Donor will deliver to **Lakeside Lutheran on Saturday, April 13 between 9 AM—5:00 PM**

Please return this completed form via drop off, mail or email before March 29, 2019.

Lakeside Lutheran High School 231 Woodland Beach Rd. Lake Mills, WI 53551
 Ph: (920) 648-2321 x2223 Email: grandevent@llhs.org

*This donation becomes property of LLHS. • Tax ID # 39-0991964 •
 Proceeds from the sale will benefit the teen ministry at Lakeside Lutheran High School.*