



Mashantucket Pequot tribal Nation
14th Annual Drive 4 Diabetes Golf Tournament



DONATION INFORMATION FORM

Company/Individual Name: _____

Contact Name: _____

Address: _____

Telephone: _____ Email: _____

*Description of donated item and restrictions:

Retail Value of Items: _____

*Please make copies of this form for multiple items.

**Send Donation and Form to:

MPTN Drive 4 Diabetes Golf Tournament • Attention Dwaine Butler
2 Matts Path • P.O. Box 3060
Mashantucket, CT 06338-3060

For more information regarding the event please contact:

Dwaine Butler at Phone: 860.396.2139 | email: DButler@mptn-nsn.gov