Palmetto Community Care

# Gay Bingo

Palmetto Community Care, formerly Lowcountry AIDS Services, would like to request your consideration for a donation of goods or services that will be utilized in Prize Packages for our upcoming fundraising event, Gay Bingo, taking place on Thursday, August 16th at the historic and beautiful Memminger Auditorium. Your donations will help us drive contributions and your support will help us in our work with those living with HIV and AIDS and enhance our prevention, outreach and education efforts here in our community.

Gay Bingo is a marquee fundraising event for Palmetto Community Care. Our theme this year is **Rainbows, Unicorns & Glitter**. This evening of fun and frivolity will pair with an important message to our community – the HIV/AIDS epidemic is still affecting many in our community, LGBT and straight alike. We will ensure that this evening is not only a successful fundraising event, but an exercise in awareness, tolerance and advocacy for our entire Lowcountry community.

Donated items and services will be combined together to form amazing prize packages for winners of bingo games as well as two raffle packages that will be showcased at the event. Donors of items and services will receive the following promotion for their generosity:

- Listing and link on website: www.charlestongaybingo.org
- Listing at event on Event Program
- Special call out from the stage after bingo game winner is announced with attribution and thanks
- The feeling of knowing that your donation is helping us in our efforts to improve the lives of those in our community living with HIV & AIDS

Attached to this letter please find a donation form. You can email this to jkirk@palmettocare.org or mail it to the address listed.

If you have any questions or concerns, please don't hesitate to call me at (843) 747-2273 x216.

Thanks for your consideration and we hope to see you on August 16th for **Gay Bingo!**

Jason Kirk
Director of Development & Marketing

**GAY BINGO PRIZE PACKAGE DONATION FORM**

Donor Representative Name: _____

Donor Company Name: _____

Mailing Address: _____

Physical Address: _____

EMAIL: _____

Phone Number: _____

Description of item or service being donated

_____

_____

_____

Approximate Retail Value: $_____

☐ Donation should be picked up at above address

☐ Donation will be mailed to Palmetto Community Care

☐ Certificate is included with this form

☐ Other: _____

Thank you for your support!

Please return this form or email requested information by July 31st to:

**Jason Kirk**, Director of Development & Marketing
Palmetto Community Care
3547 Meeting Street Road
North Charleston, SC 29405
jkirk@palmettocare.org