Saint Anne Catholic School **ITEM #____**
Excellence in Education" Dinner and Auction 2010-2011

DONATION FORM
Please attach completed form to donated item as applicable

DONOR INFORMATION

NAME as it should appear in Bid Booklet: _____

Contact name (if different from above): _____Phone:_____

Address_____ City _____ St. ___ Zip._____

GIFT / SERVICE INFORMATION

Gift / Service item :_____ Value: $_____

Gift / Service description (please specify color, size, material, all restrictions, time available, for how many people, etc.): _____

_____

_____

Restrictions: _____

Donor Signature: _____Title: _____ Date:_____

SPONSORSHIP/EVENT TICKET OPPORTUNITIES

Reservation Information

I would like an invitation to attend: Yes_____ No_____

I am unable to contribute an item, but would like to contribute $_____

_____ Check enclosed _____ Visa _____ MasterCard

Card Number: _____ Expiration Date: _____/_____

Name on Card: _____

Signature: _____

Tax ID # 93-0502586

If you need to make arrangements for a donated item to be picked up, please contact the school office at: (541) 479-1582, at your earliest convenience. Thank you for your contribution.

Please keep a copy for your receipt.

For office use only:
Date received: _____
T Y S: No___ Yes ___ Date:_____