



St. Rose School Auction

Item No:
Catalog No:

Donor Form

OLDEST STUDENT'S NAME	GRADE	GIFT ITEM
FAMILY NAME		STATED VALUE
FAMILY ADDRESS/PHONE #		DONOR NAME (as to appear in Catalog):
EMAIL		DONOR ADDRESS/PHONE (if different from Family):

DETAILED DESCRIPTION OF GIFT (Size, color, time limitations, etc.) INCLUDE ALL RESTRICTIONS

IMPORTANT: PLEASE CHECK ALL APPROPRIATE BOXES

- | | |
|---|--|
| <input type="checkbox"/> Gift to be displayed at auction | <input type="checkbox"/> Committee to create display |
| <input type="checkbox"/> Display space required _____ in x _____ in | <input type="checkbox"/> Donor to supply certificate |
| <input type="checkbox"/> Donor to provide materials for display | <input type="checkbox"/> Committee to create certificate |

FOR DONOR'S TAX RECORDS, THIS CERTIFIED THAT THE DONOR HAS RECEIVED NOTHING OF VALUE IN EXCHANGE FOR THIS CONTRIBUTION

Enrolled School Family Procured by _____

FAMILY SIGNATURE/DATE	DONOR SIGNATURE/DATE
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Office Use ONLY Below This Line

Silent Auction: _____ Live Auction: _____ Gold Table: _____

Items Received by: _____ Date: _____

St. Rose School • EIN: 91-0615380 • 720 - 26th Avenue • Longview, Washington 98632 • (360) 577-6760 • Fax: (360) 577-3689

White Copy: Master Book Yellow Copy: Catalog Preparation Pink Copy: Donor Goldenrod Copy: Donor ✓