



# DONOR FORM

Please provide a clearly defined description of your gift/service as well as any special instructions or limitations. Please retain a copy of this form for your records.

(Tax exempt under Section 501.c.3)

Check one:  Organization/Business       Family/individuals

Reason for Donation: _____	Date
Full Name of Business/Organization/Individual Donor (As you wish it to appear in the program)	
Authorized by / Company Contact	Phone
Address	City      State & Zip
Email address/Web URL	

## ITEMS/SERVICES DONATION

Detailed description of items including any restrictions	Qty	Price/Item
Expiration Date	<input type="checkbox"/> Certificate needs to be created	Total Retail Price

## MONETARY DONATION

- Amount: \_\_\_\_\_
- My company has a Matching Gifts Program (form enclosed)
- Enclosed is my check made payable to St. Edward Catholic School

*St. Edward Catholic School gratefully acknowledges your generous support.*

*St. Edward Catholic School has not provided you with any goods or services in exchange for this contribution.*

Name of Solicitor	Phone Number
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