

DONATION FORM

PLEASE LEAVE WITH BUSINESS OFFICE

Event: _Auction _ Round-	Up Style Show	Other		9
Please complete all information belo underline the single letter by which the	-			
Donor Name:				
Optional: I prefer to be listed as:	A friend of St. Thomas	Anonymous Oth	ner	
Address		City	State	Zip
Authorized By/Contact	1		Phone	
Description of Item, Service or Ce	rtificate:			
Tangible Item Certificate	or Both	Fair Mark	et Value:	
Expiration Date or Restrictions (if	any):			
Item/Certificate is:		Ti .		
Attached Will be delivered	d/mailed on	Solicitor	will pick up on	Date
ĕ	Da	ic .		Date
Donor Signature	Date	School Representative	Name	Date

St. Thomas High School gratefully acknowledges your generous support.

St. Thomas High School has not provided you with any goods or services in exchange for this contribution.

St. Thomas High School is a Tax Exempt 501(c)(3) Non-Profit Organization.

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