

STAR OF THE SEA SCHOOL

Donor Name: _____ Phone: _____
Company Name: _____ Fax: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ E-mail: _____

May we list you in the program / catalog?

- Yes. Please notate how you would like to be listed if **other** than what is above. _____
- No. I'd like to remain anonymous.
- I am unable to donate an item but wish to contribute financially. Enclosed is my contribution of \$ _____.

Description (include size, location, number of people, etc) Estimated Market Value: \$ _____

Expiration Date / Restrictions (if any): _____

Donor Signature: _____ Date: _____

Star of the Sea Solicitor: _____ Date: _____

- Certificate / Merchandise attached.
- Merchandise delivered.
- Donor will deliver by _____
- Will require pick-up. (Please call 415.221.8558 to arrange pick-up time and location.)

For Office Use Only

Category: E / F / P / S

Auction Item #: _____

Date Cataloged: _____

Please attach business cards, posters, brochures or advertising for display.
Please return the original and one carbon copy in the envelope provided and keep a copy for your records.
Star of the Sea notes that you have not received any goods or services in exchange for your contribution.
Please send any questions or comments to fundraising@staroftheseasf.com

STAR OF THE SEA SCHOOL TAX ID # 94-2632095

THANK YOU FOR YOUR DONATION !