

Donation Form

EVENT: Holy Family School's Main Event

ITEM VALUE: \$ _____

ITEM DONATED: _____

DONOR'S NAME: _____

BUSINESS CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

ITEM DESCRIPTION _____

Delivery Instructions:

A: Donation brought in with form Y N

B: Gift Certificate: Attached To be delivered

Please make certificate (Details listed in description)

C: Donation to be delivered by: _____

D: Donation to be picked up by Holy Family on (date): _____

Solicitor's Name: _____

Phone: _____

Tax ID
34-0768866