

DERBY NIGHTS GALA

F E B R U A R Y 2 5 , 2 0 1 7

DONATION FORM

THANK YOU FOR SUPPORTING OUR SCHOOL



FOR COMMITTEE USE ONLY:

ITEM NUMBER: _____ PACKAGE NUMBER: _____

SOLICITOR: _____ ENTERED BY: _____

ST. IGNATIUS PARISH SCHOOL
3245 ARDEN WAY, SACRAMENTO, CA 95825
PHONE: (916) 488-3907
FAX: (916) 488-0569
EMAIL: DERBY@SIGALA.ORG
TAX ID NUMBER: 45-4177209

DONATION INFORMATION:

(PLEASE INCLUDE IMPORTANT DETAILS, E.G. QUANTITY, SIZE, COLOR, NUMBER OF ROOMS, NUMBER OF PERSONS PER NIGHT, PRICE PER ITEM, ETC.)

VALUE OF TOTAL DONATION: \$ _____ ITEM NAME: _____

DESCRIPTION: _____

RESTRICTIONS: _____
(E.G. TERMS OF DONATION, BLACKOUT DATES, ETC.)

PLEASE CHECK ALL THAT APPLY:

- | | | |
|---|---|---|
| <input type="checkbox"/> I WILL DELIVER/MAIL
MY DONATION TO ST.
IGNATIUS BY:
_____ | <input type="checkbox"/> PLEASE
ARRANGE FOR
PICK UP OF MY
DONATION | <input type="checkbox"/> PLEASE PREPARE
CERTIFICATE FOR
MY DONATION |
|---|---|---|

WE ENCOURAGE PROVISION OF BROCHURES, PHOTOS, AND/OR DISPLAY MATERIALS. DONOR ASSUMES RESPONSIBILITY TO COMPLY WITH IRS REGULATIONS.

ST. IGNATIUS FAMILY NAME TO RECEIVE CREDIT TOWARDS ANNUAL FUNDRAISING (IF APPLICABLE):

DONOR INFORMATION:

DEADLINE FOR ITEMS TO BE LISTED IN THE AUCTION CATALOGUE IS FEBRUARY 1ST.

TYPE OF DONATION:

- PERSONAL BUSINESS

DONOR: _____
(PLEASE PRINT YOUR NAME AND/OR BUSINESS NAME IN THE WAY YOU PREFER TO BE ACKNOWLEDGED)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CONTACT PERSON: _____ PHONE: _____

PLEASE CHECK ALL THAT APPLY:

- | | | | |
|----------------------------------|----------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> PARENT | <input type="checkbox"/> ALUMNI | <input type="checkbox"/> FRIEND | <input type="checkbox"/> PAST PARENT |
| <input type="checkbox"/> STUDENT | <input type="checkbox"/> FACULTY | <input type="checkbox"/> STAFF | |