



**FOR COMMITTEE USE ONLY:**

Item Number: \_\_\_\_\_ Package Number: \_\_\_\_\_ Solicitor: \_\_\_\_\_ Entered By: \_\_\_\_\_

**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 program 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"/> Grandparent | <input type="checkbox"/> Faculty/Staff | <input type="checkbox"/> Parent of alumni |
| <input type="checkbox"/> Student | <input type="checkbox"/> Alumni      | <input type="checkbox"/> Friend        | <input type="checkbox"/> Parishione       |