

**Celebrate St. Madeleine's!
April 6, 2019**

**DEADLINE
March 8, 2019**

Tracking #

Donor: Please Complete #1-5. Please print clearly using ballpoint pen. Use a separate form for each donated item.

For Office Use Only:

Catalog # _____ Combine with # _____

1 Donor Information

Donor Name: _____

Signature: _____ Date: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Donor is a: (please check one)

- Parent Parishioner Business
 Student/Faculty Friend Other

**2 Solicitor Information
(St. Madeleine Sophie Family Name)**

Solicitor Name _____

Contact Phone _____

Item Name:

Item Description: Please provide description of item: size, color, brand, limitations/restrictions. Attach additional description if needed.

Please check:

- Tangible Item Gift Certificate Both
 Expiration date ___/___/___ No Expiration Date

4 Estimated Value of Item: \$

5 Please Indicate:

- Item or Gift Certificate accompanies this form.
 Item or Gift Certificate to be delivered by event date.
Indicate Tracking # on item when delivering later
 Call to arrange pick-up.
 Event Committee should create Gift Certificate.

Cash Donation: \$ _____

- Advertising
 Patron
 Class Project
 Other
- Please make check payable to St. Madeleine Sophie*
- Contact me regarding my company's matching gift program.

**For the Donor's records: This certifies that the Donor has not received anything of value in exchange for this contribution.
St. Madeleine Sophie Parish and School σ 4400 130th Pl SE, Bellevue, WA 98006 σ (425) 747-6770 σ Fax (425) 747-6349
Thank you! Please keep the bottom copy for your records. σ Tax ID # 91-0839141**