

Celebrate St. Madeleine's! April 25, 2020	DEADLINE April 3, 2020	Tracking #
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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

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: \$

2 Solicitor Information
(St. Madeleine Sophie Family Name)

Solicitor Name

Contact Phone

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: \$ _____

Please make check payable to St. Madeleine Sophie

Advertising Patron
 Class Project Other
 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 ▲ 4400 130th Pl SE, Bellevue, WA 98006 ▲ (425) 747-6770 ▲ Fax (425) 747-6349
 Thank you! Please keep the bottom copy for your records. ▲ Tax ID # 91-0839141