



# ST. FRANCIS CATHOLIC HIGH SCHOOL FUNDRAISING EVENT DONATION FORM

Crab Feed | February 4, 2017  
Revelry Gala & Auction | April 29, 2017

For committee use only:

Item number: \_\_\_\_\_

Package number: \_\_\_\_\_

Solicitor: \_\_\_\_\_

Entered by: \_\_\_\_\_

**Fax#: 916.452.6046**  
**[KBrunetti@stfrancishs.org](mailto:KBrunetti@stfrancishs.org)**

St. Francis Catholic High School  
5900 Elvas Avenue  
Sacramento, CA 95819  
Phone: 916.452.3461, ext. 217  
**St. Francis Tax ID #: 46-2101392**

## DONATION INFORMATION

(Please include important details, e.g. quantity, size, color, number of rooms, number of persons per night, price per item...)

**Value of Total Donation:** \$ \_\_\_\_\_ **Item Name:** \_\_\_\_\_

**Description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Restrictions:** \_\_\_\_\_

(e.g. terms of donation, blackout dates, etc)

### Please check all that apply

- I will deliver/mail my donation to SFHS by \_\_\_\_\_.
- Please arrange for pick up of my donation. *(Please list "contact person" below.)*
- 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. Francis Catholic High School will determine best event for donation placement.**

## DONOR INFORMATION

Type of Donation:  Personal  Business

Donor: \_\_\_\_\_  Anonymous

(Please print **your name** and/or **business name** in the way you prefer to be acknowledged.)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person (if different than "Donor") \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Please check **ALL** that apply:  Parent  Alumna  Friend  Past Parent  Student  Faculty/Staff

**DEADLINE FOR ITEMS TO BE LISTED IN THE PRINTED REVELRY AUCTION CATALOG IS MARCH 23, 2017.**

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_