

ST. FRANCIS HIGH SCHOOL REVELRY! DONATION FORM

A NIGHT IN THE MUSEUM *Behind the Ropes*

For committee use only:	
Item number:	_____
Package number:	_____
Solicitor:	_____ <input type="checkbox"/>
Entered by:	_____

Fax#: 916.452.2443
revelry@stfrancishs.org

St. Francis 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.

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 AUCTION CATALOG IS SEPTEMBER 15, 2014.

Donor Signature: _____ Date: _____