



COMPANY OR DONOR NAME _____

COMPANY CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Estimated Fair Market Value: \$ _____

ITEM NAME AND DESCRIPTION

Please describe each donation in full detail, including size, color, etc. Please list any exclusion dates or other restrictions. **All items will expire on April 23, 2018 unless otherwise noted. Additionally, unless specified, items will take place on a mutually agreed upon date with two weeks' notice.**

Please check one:

Certificate or item enclosed OR Create a certificate for my donation
 I will deliver the item to the school OR Item should be picked up

Questions? Please contact April Gluth, Solicitations Chair, at a aprilgluth@mac.com

Please retain a copy of this form for your records. Your donation may be tax deductible. St. Thomas the Apostle School is a non-profit organization with 501(c)(3) tax-exempt status. St. Thomas the Apostle has not provided any goods or services in return for your donation.

FOR COMMITTEE USE:

Date Received: _____ Category: _____ Item#: _____ Date Entered: _____ Initials: _____