



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. Please list any exclusion dates or other restrictions.

All items will expire on April 14, 2019 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 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: _____