

"Whispering Angels" Auction | April 4, 2020

Donation Form

DONOR NAME AS IT WILL APPEAR	Office Use Only	
	Date Form Received	
Business Name (if applicable)		
	Date Donation Receive	d
Mailing Address		
City, State Zip	Donation Solicited By	
Phone # E-mail Address		
	Thank you for your support!	
Description of Item(s): (Attach any additional information, if nec	essary.)	
Restrictions: (Expiration date, date specific, tax and gratuity not	ic, tax and gratuity not included, etc.) DONOR STATED VALUE	
Resilicitons. (Expiration date, date specific, tax and gratony nor		
		Ş
Please specify all that apply.	TYPE OF ITEM	Please
	Gift Certificate	
Donation accompanies this form.	Merchandise	include this
Please pick up my donation on(date).	☐ Other	form with your
		donation.
Donation will be delivered/mailed to Sacred Heart		
School (<u>MUST</u> be received by March 31, 2020).	REQUIRED: Signature of Donor Date	
Sacred Heart School has my permission to create a gift		
certificate (as described above).		
	Please return form to:	
	Sacred Heart School	
PLEASE KEEP A COPY OF THIS FORM		art School
PLEASE KEEP A COPY OF THIS FORM FOR YOUR TAX RECORDS	289 Lafay	eart School ette Road
FOR YOUR TAX RECORDS	289 Lafay	art School
	289 Lafay	eart School ette Road NH 03842
FOR YOUR TAX RECORDS	289 Lafay Hampton, Tel 603-926-3254	eart School ette Road NH 03842