

SHS Annual Auction | April 15, 2023 Donation Form

DONOR NAME AS IT WILL APPEAR	Office Use Only	
	Date Form Received	
	Baio reim Received	
Business Name (if applicable)		
	Date Donation Received	
Mailing Address		
G		
City, State Zip	Donation Solicited By	
City, state zip	Donalion solicited by	
Phone # E-mail Address		
	Thank you for your support!	
Description of Item(s) Attach any additional information, if necessary.		
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Restrictions Expiration date, date specific, tax and gratuity not included, etc. DONOR STATED VALUE		
		¢
		¥
	TYPE OF ITEM	<u> </u>
Please specify all that apply.	TYPE OF ITEM	Please
	Gift Certificate	
Donation accompanies this form.		include this
	Merchandise	forms with your
\square 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, 2023).	REQUIRED Signature of Donor Date	
Sacred Heart School has my permission to create a gift		
certificate (as described above).		
	Dia sa a sa t	f
	Please return form to Sacred Heart School 289 Lafayette Road Hampton, NH 03842	
PLEASE KEEP A COPY OF THIS FORM		
FOR YOUR TAX RECORDS		
TAX ID #02-0234330	T-1 /00 00/ 0054	
	Tel 603-926-3254	
	E-mail <u>cgrella@shshampton.org</u>	