

AUCTION DONATION FORM

Revised 11/1/09



ST. MARGARET'S EPISCOPAL SCHOOL SPRING FUNDRAISER

31641 La Novia • San Juan Capistrano CA 92675 • Tel. (949) 661-0108, Ext. 688 • Fax (949) 240-7398

St. Margaret's is a non-profit organization. Federal Tax ID #95-3408913

Please submit a donation form for each donated item.

DONOR INFORMATION

CATALOG NO.

SMES Parent SMES Class/Grade-Level Basket SMES Faculty/Staff SMES Division Business

Donor Name (Mr./Mrs./Dr.) _____

Donor Recognition Name _____
Please print name EXACTLY as you would like it to appear in recognition publications (e.g., Bob Smith, ABC Company, etc.).

Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____ Phone (____) _____

DONATED ITEM DESCRIPTION

Item Name _____ Fair Market Value (Required) \$ _____

Gift Certificate: Included Please Make For Me

Expiration Date ____/____/____
(If no date is listed, item will be valid for one year from date of event.)

Description of Item (List all restrictions) _____

DONATION TYPE

<input type="checkbox"/> Cash Donation \$ _____ Check # _____	<input type="checkbox"/> Faculty/Staff Ticket Fund Donation \$ _____	<input type="checkbox"/> Underwriting Donation \$ _____ Level _____	<input type="checkbox"/> In-Kind Item/Service \$ _____ FAIR MARKET VALUE
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DONATION PAYMENT OPTIONS

Check Enclosed (Payable to SMES Spring Fundraiser) VISA MasterCard American Express

CC Number _____ Exp Date ____/____/____ 3 or 4 Digit Security Code _____

Card Billing Address (If different from above) _____

DONOR SIGNATURE (Required)

Signature _____ Print Name _____ Date _____

WHITE COPY – SMES YELLOW COPY - DONOR

OFFICE USE ONLY - Item Tracking No. _____