



DONOR INFORMATION (please print)

Name of Donor (as you would like it to appear)		Business Name (if applicable)	
Contact #1	Name		
Mailing Address 1		Mailing Address 2	
City	State	Zip	
Phone	Fax	Email	
Contact #2 (optional)	Name		
Mailing Address 1		Mailing Address 2	
City	State	Zip	
Phone	Fax	Email	

DONATION INFORMATION (please print)

Detailed Description of Donation	Estimated Fair Market Value \$
Restrictions? If yes, provide details.	

DONATION DETAILS (check all that apply)

DELIVERY	CERTIFICATES & DISPLAY	MISCELLANEOUS
<input type="checkbox"/> I will deliver <input type="checkbox"/> Please contact me to arrange pickup	<input type="checkbox"/> I will provide gift certificate <input type="checkbox"/> Please create gift certificate AND <input type="checkbox"/> I have props to enhance display <input type="checkbox"/> Please find display props for me	<input type="checkbox"/> Cash donation enclosed <input type="checkbox"/> Please contact me regarding sponsorship opportunities <input type="checkbox"/> Employer's matching gift form enclosed

Please deliver donations and props by MARCH 29, 2019 to: Frassati Catholic Academy 4690 Bald Eagle Avenue White Bear Lake, MN 55110	Please mail or fax this form BY MARCH 29, 2019 to: Frassati Catholic Academy Attn: 2019 Spring Gala 4690 Bald Eagle Avenue White Bear Lake, MN 55110 Phone: (651) 429-7771 Fax: (651) 429-9539
For Use By Procurement Committee	
Procured By	Phone
Email	