



# Saint Rose School

4300 Old Redwood Hwy., Santa Rosa, CA 95403

Phone-545-0379 Fax-545-7150

## Donation Form

Tax ID# 94-3002010

OFFICE USE

SA \_\_\_\_\_

# \_\_\_\_\_

LA \_\_\_\_\_

# \_\_\_\_\_

YEAR \_\_\_\_\_

DONOR NAME (PREFERRED LISTING)		PARENT <input type="checkbox"/>
		MERCHANT <input type="checkbox"/>
		PARISHIONER <input type="checkbox"/>
ADDRESS	PHONE	BUS. PHONE
AUTHORIZED BY	DONOR STATED VALUE	

ITEM WILL BE:

DROPPED OFF- DATE \_\_\_\_\_

MAILED

GIFT CERTIFICATE PROVIDED BY DONOR

REQUIRES PICK-UP

DESCRIPTION OF ITEM

(LIST ALL RESTRICTIONS AND EXPIRATIONS OR DATES OF USE)

PICK-UP INFORMATION

NAME OF CONTACT FOR INFORMATION REGARDING ITEM \_\_\_\_\_

S.R. REPRESENTATIVE \_\_\_\_\_

SIGNATURE OF DONOR \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_