

St. Christopher Ladies' Guild DONATION FORM

Donor name:	Compa	ny name:		_
Name as you would like it to appear in pre-event publicity:				
Contact (if different than above):				
Address:	City	State	Zip:	
Phone:	Email:			
Authorized by (signed name):				
Description of Donation or Gift: (plea	ase list any restrictions, expiration o	lates, etc.)		
Gift is in the form of a certificate:		Gift is enclosed:		
YES NO		YES	NO	
Value of Gift:	Tax ID: 94-2734503			
Please pick up Gift on:	or Gift will be	delivered on:		
Mailing Address: St. Christopher Attn: Ladies' Guild Fundraising 2278 Booksin Avenue San Jose, CA 95125		For Office Use Only: Date Received: Date Acknowledged:		

St. Christopher Ladies' Guild Fundraising Committee: ladiesguildfundraising@gmail.com