



PRESENTATION OF MARY CATHOLIC SCHOOL GALA

Gala Pay Item #

Donor Form

****Submit advertising information as soon as possible. Agreements made after November 10th are not guaranteed t-shirt advertising (see Sponsorship Levels)****



Donor/Sponsor/Business Name:

_____ (as preferred to be seen on auction website and event landing page)

Contact Name(s): _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email Address: _____

Website : _____

(for promotion on the event landing page)

Item or Service Donated:

Restrictions, if any: please include any expiration dates, availability dates and/or times
(please consider an expiration date at least 6 months after 04/13/2024 to make your item more attractive to bidders and to allow time for the winning bidder to enjoy their prize):

Estimated Value: \$ _____

Pick Up/Delivery Instructions:

All gifts and donations to Presentation of Mary School 501(C) (3) are tax deductible.

Office Use Only:

Date Received: _____ Mailing _____ Personal Visit _____

Solicitor _____ Type: _____ Category: _____

Section: _____ Date Entered: _____ Location: _____