

# DONATION

DONOR NAME:

BUSINESS NAME:

MAILING ADDRESS:

CITY, STATE, ZIP

TEL#:

EMAIL:

DONATION ITEM:

GIFT CERTIFICATE ENCLOSED? (YES/NO)

EXPIRATION DATE (IF APPLICABLE)

MARKET VALUE:

SUGGESTED MINIMUM BID:

RESTRICTIONS IF ANY:

DESCRIPTION:  
(Please write a description for our auction catalog. Describe your item or service in a way that will entice our bidders. If relevant note size, dimensions, colors, location, etc.)

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HOW DO YOU WISH TO BE IDENTIFIED?

PICK-UP REQUIRED? (YES/NO)

PICK-UP DATE:

LOCATION FOR PICK-UP:

ANY SPECIAL INSTRUCTIONS:

DONATION SIGNATURE:

DATE:



Please retain a copy of this form for your records and return the original to:  
Immaculate Conception Church & School • 95th Anniversary Gala  
726 South Shamrock, Monrovia, CA 91016

For any questions contact the school office (626) 358-5129

Thank you for your generous support of IC School.  
Your Contribution is tax-deductible as permitted by law. Tax ID #: 95-6005355

