



Christ Child Academy - Winter Extravaganza 2012

DONATION

Item name _____

Item Type* _____ **Category*** _____

Certificate None Included with form Donor will send software to generate

Item Received Donor will deliver Arrange pick up

Value **Value Type** Estimable Priceless

Item description _____

DONOR

Business Individual

Business or Individual's name _____

Affiliate* **Donor type*** **Anonymous** No Yes

Address 1 _____

Address 2 _____

City, state, zip code **Fax**

Phone 1 **Phone 2** **Email**

Donor notes _____

Contact person(s), if donor is a business

Contact 1 **Phone**

Contact 2 **Phone**

SOLICITOR

Name _____

Phone 1 **Phone 2** **Email**

Donor signature **Date**

* indicates an optional picklist field. For picklist choices print report PICKLIST from general event reports.
Christ Child Academy Tax ID # 39-1557915