



Donation Form

Donors Name _____ Date of gift _____
Address _____ City _____ State _____
Zip _____ Phone _____ Email _____

If you would like this donation/gift in kind to be acknowledged under your business instead of you personally please include the following information.

Business Name _____
Address _____ City _____ State _____
Zip _____ Phone _____ Email _____

Amount of Cash Donation (\$25 or more) \$ _____ Cash _____ Check # _____
Matching Gift? ____yes ____no
*Please fill out above information for ALL memorial gifts regardless of amount.

Non- Cash Donation – (\$25 or more)

Detailed Description of Item(s) being donated	Fair Market value of item(s) \$
_____	_____
_____	_____
_____	_____
_____	_____

*If the value is \$250 or more please attach a receipt or written verification of the value

Name of school receiving the donation _____
Department/Event receiving the donation _____
Donor directed donation? ____yes ____no
Gift in memory/honor of _____
Donation received by _____

***For Internal use only. A tax deductible letter will be sent to the donor.**

Please contact Susanne Gale with any questions
Bishop O’Gorman Catholic Schools Development Office
605-575-3342 or sgale@ogknights.org