



# SANTA MARGARITA EAGLE FOUNDATION

A FOUNDATION FOR SANTA MARGARITA CATHOLIC HIGH SCHOOL  
22062 Antonio Parkway, Rancho Santa Margarita, CA 92688  
Tel: 949-766-6080 • Federal Tax ID: #83-3567955

Item# \_\_\_\_\_  
Package# \_\_\_\_\_  
Catalog# \_\_\_\_\_

<b>EVENT NAME:</b>		
<b>DONOR INFORMATION</b>		
<input type="checkbox"/> SM Parent <input type="checkbox"/> SM Student/Alumni <input type="checkbox"/> SM Faculty/Staff <input type="checkbox"/> SM Dept/Team            Other: _____		
Donor Name: <b>REQUIRED</b>		
Donor Recognition Name ( <i>Print name EXACTLY as you would like it to appear in recognition publications if different than above</i> ): <b>REQUIRED</b>		<input type="checkbox"/> Anonymous
Mailing Address ( <i>For tax purposes</i> ): <b>REQUIRED</b>		
City:	State:	ZIP Code:
Home Phone: (    )	Business Phone: (    )	Contact Name:
Cell Phone: (    )	Email Address:	
<b>CASH DONATION</b>		
<input type="checkbox"/> Sponsor Level: _____ Amount: \$ _____		
<input type="checkbox"/> Underwriting Item Amount: \$ _____ Description of Underwriting Item: _____		
<b>AUCTION ITEM AND NON CASH GIFTS</b>		
<input type="checkbox"/> Live Auction <input type="checkbox"/> Silent Auction ( <i>Auction Committee to approve</i> )            Gift Certificate: <input type="checkbox"/> Donor to Provide <input type="checkbox"/> SM to Prepare		
Item Description:		<b>Value of item/gift (required):</b>
		\$ _____
List all Restrictions:		
Expiration Date:		
<b>PAYMENT OPTIONS</b>		
<input type="checkbox"/> <b>CHECK</b> Payable to SM Eagle Foundation, Check # _____ <input type="checkbox"/> <b>CREDIT CARD:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX		
Name of Card Holder:		
CC Number: _____ Exp Date ____/____/____ 3 or 4 Digit Security Code _____		
Card Billing Address ( <i>If different from above</i> ):		
City:	State:	ZIP Code:
<b>DONOR SIGNATURE Required</b>		
Signature ( <b>REQUIRED</b> ):		Date:
<b>SOLICITOR</b>		
Committee member:	Cell Phone: (    )	Date Gift Received:
Foundation member:	Date Received:	Date Entered:

Please submit form to SM Eagle Foundation Office for proper donor recognition, gift acknowledgement and for tax purposes.