

**JUAN DIEGO ACADEMY
CATHOLIC REGIONAL HIGH SCHOOL
GALA ACQUISITION FORM**

Item No. _____

Value: _____

Donor Listing: _____

(Give name exactly as you wish it listed)

Contact Person: _____

(If donor is a company)

Mailing Address: _____

Physical Address: (if different) _____

E-mail: _____ **Cell #:** _____

DESCRIPTION OF DONATION: _____

A letter detailing the donated services should accompany each service donation.

Retail Value of Donation: \$ _____

(Must be filled out for IRS records)

Expiration Date for Services: _____

(One year from date of event, if not otherwise noted)

Notes or Special Instructions: _____

School Representative

Donor Signature

**Your donation is fully deductible under 501c (3) of the IRS Code as a Charitable Contribution.
Our Federal Tax ID Number: 26-1394000.**

At the discretion of the gala co-chairs, some donated items may be utilized for a future JDA Fundraiser.

Student Name: _____

Grade Level: _____

BB _____

GC _____

LA _____

**JDA Gala, Sat., February 24, 2024
5208 South FM 494
Mission, TX 78572
(956) 583-2752**