

EXTRAVAGANZA

A NIGHT FOR ALL KNIGHTS

Donation Form

Business Name _____
Contact Person _____
Business Address _____
Phone _____ Email Address _____

Item(s) / Services Donated _____

Your donation sells for the highest value when it's accurately described. Please provide a thorough description with relevant information: blackout dates, number of tickets included, restrictions and contact information. Vacation home donations and dinner donations should include location details, attendance numbers, features or meal options, and date availability. For physical items please include the dimensions, style and color.

Please create a certificate for my donation: _____ **I will provide a certificate for my donation:** _____
Estimated fair market value of item(s) \$ _____ (for tax acknowledgement. Deductible as allowed by law)
Restrictions or expiration dates _____
Can your item be packaged with other items? _____ yes _____ no

Please contact Liz Myscofski with any questions at
Bishop O'Gorman Catholic Schools Development Office
3100 W 41st Street Sioux Falls, SD 57105
605-575-3342 or lmyscofski@ogknights.org

For office use only

Donation form only _____ Gift Card donation _____ Date item(s) rec'd _____
GiveSmart _____ Donor Perfect TY _____ Notes _____