ROSARY ACADEMY

Item Number: _____ Date Received: _____ Event: _____

Solicited By: _____ Entered into RE: ___ Acknowledged: __

Donation Agreement

DONOR INFORMATION

Donor or Company Name (as it should appear in publications): _____

Contact Person: _____ **Contact Phone**: _____

Address: _____ **City**: _____

State: _____ **Zip Code**: _____ **Email Address**: _____

Rosary Alumna – if yes, graduation year: _____

Student Name & Grade for donation drive (if applicable): _____

Donor Signature: _____ **Date**: _____

DONATED ITEM(S) DETAILS

Detailed Description (please include size, color, quantity, restrictions including dates available or expiration, etc.):

_____

_____

_____

_____

Item Value: _____

MONETARY DONATION

I/we will donate:

$: _____

Please make checks payable to *Rosary Academy* and include the name of the event in the memo line. Questions? Call (714) 879-6302 or email advancement@rosaryacademy.org

ITEM

- ☐ Item is attached
- ☐ Item will be delivered
- ☐ Item needs to be picked up

GIFT CERTIFICATE

- ☐ Gift certificate is attached
- ☐ Gift certificate to be provided
- ☐ Gift certificate needs to be created

VISUAL DISPLAY

- ☐ None needed
- ☐ Provided by donor
- ☐ Committee needs to create

ITEM TRACKING INFORMATION

For internal use only

Item Name: _____

Item Location: _____ **Item Classification**:

- ☐ Silent
- ☐ Live
- ☐ Opportunity Drawing
- ☐ Other _____

Notes: _____

Please return this form and any items to:

Rosary Academy | Advancement Office | 1340 N. Acacia Avenue | Fullerton, CA 92831 | advancement@rosaryacademy.org

Rosary Academy gratefully acknowledges your generous support of our school.

For your records, our 501(c)(3) Tax Identification Number is 95-2419408

8.23.24