

CARDINAL NEWMAN HIGH SCHOOL'S
LEGACY AUCTION & GALA



Donation Form

Tax ID #94-1578925
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langhals@cardinalnewman.org
www.cardinalnewman.org

For Office Use Only

Catalog

No. _____

Event: _____

Year: _____

DONOR NAME:

(How you want to be listed for recognition purposes)

- ☐ PARENT
☐ MERCHANT
☐ ALUMNI ~ YR ____
☐ ALUM PARENT

**DONOR STATED
VALUE:**

\$

AUTHORIZED BY:

HOME PHONE:

BUSINESS PHONE:

ADDRESS:

CITY:

STATE:

ZIP:

EMAIL ADDRESS:

DONATED ITEM:

☐ Will Be Dropped Off ~ Date: _____

☐ Needs Pick-up

☐ Will Be Mailed

Pick-up Information:

☐ Is Enclosed

If item is a Gift Certificate, it will be provided by: ☐ DONOR ☐ ADVANCEMENT OFFICE

DONATION DESCRIPTION:

Please describe below the donated item. Please include all restrictions and expiration dates.

Item Expiration Date: _____

Name of person to contact for information regarding donation: _____

CN Representative's Signature

Date

Donor's Signature

Date