

## PURPOSE OF DONATION/EVENT NAME

## **DONATION FORM**

Business or Individual Name:		
Contact Name:		
Contact Phone:		
Contact Email:		
Business Website:		
Address:		
City:	State:	Zip:
Business Phone:		
ITEM or SERVICE DESCRIPTION:		
ESTIMATED VALUE: \$		
DATES VALID or ANY OTHER TERMS/CON	NDITIONS:	
DELIVERY/PICK-UP DETAILS/DATES:	Pick-Up	Delivery
DONOR SIGNATURE:		DATE:
SAMCC CONTACT/COLLECTED BY:		

## Jhank you for your donation!

St. Angela Merici Catholic Church is an exempt organization as provided through 501(c)3 of the Internal Revenue Services EIN 71-1037203.