



**Schools of the Sacred Heart**

2222 Broadway • San Francisco, CA 94115 • (415) 345-5825 • Fax (415) 345-5806 [www.sacredsf.org](http://www.sacredsf.org)

**This to verify that you have made a donation to Schools of the Sacred Heart. We appreciate your generosity and support. Please retain a copy for your tax records.**

Donor Name \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_ Fax \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- I wish to remain anonymous.
- I wish to be listed in the program as: \_\_\_\_\_
- I am unable to contribute an item, but wish to assist Sacred Heart as an underwriter. Enclosed is my contribution for \$ \_\_\_\_\_.

FULL Description: (Include size, location, number of people, etc.): **WE RESERVE THE RIGHT TO EDIT ALL COPY**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Market Price (Value): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Restrictions (if any): \_\_\_\_\_

Date: \_\_\_\_\_ Person to Contact: \_\_\_\_\_

Signed: Donor \_\_\_\_\_ Signed: Procurer \_\_\_\_\_

- Certificate attached
- Merchandise delivered
- Donor will deliver
- Committee will pick-up

For Office Use Only	
Category	_____
Catalog Number	_____
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<input type="checkbox"/> Live	<input type="checkbox"/> Silent <input type="checkbox"/> Other _____