



SANTA MARGARITA CATHOLIC HIGH SCHOOL

22062 Antonio Parkway, Rancho Santa Margarita, CA 92688
Tel: 949-766-6080 • Fax: 949-766-6040 • Federal Tax ID: #33-0235681

Item# _____
Package# _____
Catalog# _____

EVENT NAME:

DONOR INFORMATION

☐ SM Parent ☐ SM Student/Alumni ☐ SM Faculty/Staff ☐ SM Dept/Team Other: _____

Donor Name:

REQUIRED

Donor Recognition Name (*Print name EXACTLY as you would like it to appear in recognition publications if different than above*):

REQUIRED

☐ Anonymous

Mailing Address (*For tax purposes*):

REQUIRED

City:

State:

ZIP Code:

Home Phone: ()

Business Phone: ()

Contact Name:

Cell Phone: ()

Email Address:

CASH DONATION

☐ Sponsor Level: _____ Amount: \$ _____

☐ Underwriting Item Amount: \$ _____ Description of Underwriting Item: _____

AUCTION ITEM AND NON CASH GIFTS

☐ Live Auction ☐ Silent Auction (*Auction Committee to approve*) Gift Certificate: ☐ Donor to Provide ☐ SM to Prepare

Item Description:

Value of item/gift (required):

\$ _____

List all Restrictions:

Expiration Date:

PAYMENT OPTIONS

☐ **CHECK** Payable to SMCHS, Check # _____ ☐ **CREDIT CARD:** ☐ VISA ☐ MasterCard ☐ AMEX

Name of Card Holder:

CC Number: _____ Exp Date ____/____/____ 3 or 4 Digit Security Code _____

Card Billing Address (*If different from above*):

City:

State:

ZIP Code:

DONOR SIGNATURE *Required*

Signature (**REQUIRED**):

Date:

SOLICITOR

Committee member:

Cell Phone: ()

Date Gift Received:

Advancement member:

Date Received:

Date Entered:

Please submit form to Advancement Office for proper donor recognition, gift acknowledgement and for tax purposes.

White – Advancement Office

Yellow – Auction

Pink – Donor Copy