

Item#	<del></del>
Package#	
Catalog#	····

EVENT NAME:					
DONOR INFORMATION					
□ SM Parent □ SM Student/Alumni □ SM Faculty/Staff □ SM Dept/Team Other:					
Donor Name: <b>REQUIRED</b>					
Donor Recognition Name ( <i>Print name EXACTLY as you would like it to appear in recognition publications if different than above</i> ): <b>REQUIRED</b>			ove):	☐ 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 SM Eagle Foundation, Check # □ CREDIT CARD: □ VISA □ MasterCard □ AMEX					
Name of Card Holder:					
CC Number:					
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:			
Foundation member:	Date Received: Date Entered:			Entered:	