



# ACADEMY OF THE SACRED HEART

619 N. Second St. • St. Charles, MO 63301 • (636) 946-6127 • FAX (636) 949-6659

## CHEMIN DE FER ANNUAL BENEFIT AUCTION

### DONATION CONTRACT

**DONOR INFORMATION:** *(Please complete ALL information.)*

Donor/Company Name: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Please list Donor's Name in the Auction Book as indicated:  Same as above  
 Friend of the Academy (if you prefer anonymity)  
 Please list as \_\_\_\_\_

<b>For Office Use</b>	
Date	_____
Item No.	_____
Category	_____
Book No.	_____
Tax Receipt	_____

### ITEM DONATION

**ITEM:** *(Please use separate contracts for additional items.)* \_\_\_\_\_

DONOR'S ESTIMATE OF FAIR MARKET VALUE OF ITEM: \$ \_\_\_\_\_

BRIEF DESCRIPTION OF ITEM: *(If applicable, please indicate quantity, size, color, brand, restrictions, exclusions, dates.)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### GIFT CERTIFICATE

DONOR'S ESTIMATE OF FAIR MARKET VALUE OF ITEM: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

If applicable: Expiration Date \_\_\_\_\_ Restrictions \_\_\_\_\_

Gift Certificate included  Gift Certificate to be issued by the Academy

### CASH DONATION

PLEASE ACCEPT MY CASH DONATION IN THE AMOUNT OF \$ \_\_\_\_\_

I will deliver this item on: \_\_\_\_\_

Please pick this item up: Where: \_\_\_\_\_ When: \_\_\_\_\_

**TAX RECEIPT**  Requested (Will be mailed in November)  Declined

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academy representative's signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**MARCH 31 is the deadline for contract submission**  
**DONATIONS TO THE ACADEMY OF THE SACRED HEART ARE TAX DEDUCTIBLE AS ALLOWED BY LAW.**  
**Tax ID: 43-0662494**

**THANK YOU FOR YOUR CONTRIBUTION AND SUPPORT!**