



SANTA MARGARITA CATHOLIC HIGH SCHOOL

22062 Antonio Parkway, Rancho Santa Margarita, CA 92688
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Item# _____
Package# _____
Catalog# _____

EVENT NAME:		
DONOR INFORMATION		
<input type="checkbox"/> SM Parent <input type="checkbox"/> SM Student/Alumni <input type="checkbox"/> SM Faculty/Staff <input type="checkbox"/> SM Dept/Team Other: _____		
Donor Name:		
Donor Recognition Name <i>(Print name EXACTLY as you would like it to appear in recognition publications if different than above):</i>		<input type="checkbox"/> Anonymous
Mailing Address <i>(For tax purposes):</i>		
City:	State:	ZIP Code:
Home Phone: ()	Business Phone: ()	Contact Name:
Cell Phone: ()	Email Address:	
CASH DONATION		
<input type="checkbox"/> Sponsor Level: _____		Amount: \$ _____
<input type="checkbox"/> Underwriting Item Amount: \$ _____		Description of Underwriting Item: _____
AUCTION ITEM AND NON CASH GIFTS		
<input type="checkbox"/> Live Auction <input type="checkbox"/> Silent Auction <i>(Auction Committee to approve)</i>		Gift Certificate: <input type="checkbox"/> Donor to Provide <input type="checkbox"/> SM to Prepare
Item Description:		Value: \$ _____
List all Restrictions:		
Expiration Date:		
PAYMENT OPTIONS		
<input type="checkbox"/> CHECK Payable to SMCHS, Check # _____		<input type="checkbox"/> CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
Name of Card Holder:		
CC Number: _____		Exp Date ____/____/____ 3 or 4 Digit Security Code _____
Card Billing Address <i>(If different from above):</i>		
City:	State:	ZIP Code:
DONOR SIGNATURE Required		
Signature:		Date:
SOLICITOR		
Committee member:	Cell Phone: ()	Date Gift Received:
Development member:	Date Received:	Date Entered:

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

White – Development Office **Yellow** – Auction **Pink** – Donor Copy