SANTA MARGARITA
CATHOLIC HIGH SCHOOL
22062 Antonio Parkway, Rancho Santa Margarita, CA 92688
Tel: 949-766-6080 • Fax: 949-766-6005 • Federal Tax ID #33-0235681

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		
Amount: $_____		
Area of Designation: ☐ Tuition Assistance ☐ Teacher Development ☐ Classroom enhancements and campus upgrades ☐ Other:_____		
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:

NON CASH DONATION GIFT – GIFT IN KIND DONATION
**** It is the donor's responsibility to accurately report their good faith estimate of the fair market value of the donation. Value cannot be determined by SMCHS.***
Value of item *(Required) : $_____
Item description:
Conditions and/or restrictions: ☐ No ☐ Yes (*if yes, please explain below):*
Conditions/restrictions: _____

Donor Signature		
Signature ***(Required):***		
Solicitor		
Name:	Date received:	Date entered:

Form #1617-27

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

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