



Donation Form

Tax ID #94-1578925
 50 Ursuline Road • Santa Rosa, CA 95403
 Advancement Office Phone (707) 546-6470 x117 x116 x121 • Fax (707) 544-8582
www.cardinalnewman.org

For Office Use Only

Catalog No. _____

Event: _____

Year: _____

| | | |
|--|--|--------------------------------------|
| DONOR NAME: (How you want to be listed for recognition purposes) | <input type="checkbox"/> PARENT | DONOR STATED VALUE: \$ |
| | <input type="checkbox"/> MERCHANT <input type="checkbox"/> ALUMNI ~ YR ____ <input type="checkbox"/> ALUM PARENT | |

| | | |
|-----------------------|--------------------|------------------------|
| AUTHORIZED BY: | HOME PHONE: | BUSINESS PHONE: |
|-----------------------|--------------------|------------------------|

| | | | |
|-----------------|--------------|---------------|-------------|
| ADDRESS: | CITY: | STATE: | ZIP: |
|-----------------|--------------|---------------|-------------|

EMAIL ADDRESS: _____

DONATED ITEM:

Will Be Dropped Off ~ Date: _____
 Needs Pick-up
 Will Be Mailed
 Pick-up Information: _____
 Is Enclosed

 If item is a Gift Certificate, it will be provided by:
 DONOR
 ADVANCEMENT OFFICE

DONATION DESCRIPTION:
 Please describe below the donated item. Please include all restrictions and expiration dates.

Item Expiration Date: _____

Name of person to contact for information regarding donation: _____

| | | | |
|--------------------------------------|-------------|--------------------------|-------------|
| _____ | _____ | _____ | _____ |
| CN Representative's Signature | Date | Donor's Signature | Date |