



**Donation Deadline: February 5th, 2010**

| <b>DONOR INFORMATION (please print)</b>                   |               |                               |                   |
|---|---------------|-------------------------------|-------------------|
| Name of Donor (as you would like it to appear in catalog) |               | Business Name (if applicable) |                   |
| <b>CONTACT</b>  | Name          |                               |                   |
| Mailing Address   |               |                               |                   |
| City  | State         | Zip                           |                   |
| Phone   | Fax           | Email                         |                   |
| <b>AFFILIATION (please circle one)</b>                    | School Family | Local Business                | StMS Teacher      |
|   |               |                               | Personal Donation |

| <b>DONATION INFORMATION (please print)</b>                               |                                |
|--|--------------------------------|
| Detailed Description of Donation   | Estimated Fair Market Value \$ |
|  |                                |
|  |                                |
| Restrictions? (ages, places, dates, expiration?) If yes, provide details |                                |
|  |                                |

| <b>DONATION DETAILS (check all that apply)</b>  |   |   |
|---|---|---|
| DELIVERY  | CERTIFICATES & DISPLAY  | MISCELLANEOUS   |
| <input type="checkbox"/> I will deliver to school<br><input type="checkbox"/> Please contact me to arrange pickup                           | <input type="checkbox"/> I will provide gift certificate<br><input type="checkbox"/> Please create gift certificate<br><p align="center"><b>AND</b></p> <input type="checkbox"/> I have props to enhance display<br><input type="checkbox"/> Please find display props for me | <input type="checkbox"/> Cash donation enclosed<br><input type="checkbox"/> Please contact me regarding sponsorship opportunities<br><input type="checkbox"/> Employer's matching gift form enclosed  |
| <b>Deliver Donations &amp; Props by Feb 5, 2010 to:</b><br><b>St. Michael School</b><br><b>810 High House Road</b><br><b>Cary, NC 27513</b> |   | <b>Please mail or fax this form to:</b><br><b>St. Michael the Archangel School</b><br><b>810 High House Road</b><br><b>Cary, NC 27513</b><br>Phone: (919) 469-6150 Fax: (919) 468-6160<br><br><b>Or, contact Mary Anne Lutz at:</b><br><a href="mailto:maryannelutz@nc.rr.com">maryannelutz@nc.rr.com</a> or 919-234-3943 |
| For Use By Acquisitions Committee   |   |   |
| Procured By   | Phone   |   |
| Email   |   |   |

Thank you for your support. Your donation may be tax deductible. Please consult your tax advisor.  
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