

DATE OF DONATION: _____
(required for Parent Service Hour credit)

FOR ALVERNO USE ONLY: Item # _____

Alverno Parents' Association

An Evening in the Orient



DONATION FORM

PLEASE PRINT ALL INFORMATION AND LIST ONLY ONE DONATION PER FORM

Description of donation to be printed in Gala Program: _____

Value of Item: \$ _____

Include promotional literature and photographs (if appropriate): _____

Gift certificate enclosed: _____

Expiration Date: _____

THE FOLLOWING INFORMATION IS NEEDED TO ACKNOWLEDGE YOUR DONATION

Donor: _____ Phone (W): _____
(Name you would like printed in Gala Program) (H): _____

Mailing Address: _____

Additional Acknowledgement (if you solicited donation from a business)

Business Name: _____ Contact: _____

Address: _____

NO ACKNOWLEDGEMENT NECESSARY

FOR ALVERNO USE ONLY

FAMILY: _____

FAMILY: _____

EVENT: _____

EVENT/SERVICE: _____

DATE: _____

DATE: _____ HOURS _____

HOURS: _____

VERIFIED: _____

(Event Chair Signature)