



# GALA DONATION FORM

For the purpose of assisting with a fund-raising event for Benedicline High School, donor hereby agrees to donate the item(s) described herein to the BHS Gala Committee on the terms set forth below. Benedicline High School's tax-exempt number is 34-1619790. We thank you for your generosity.

## DONOR INFORMATION

(Please Print and Press Firmly)

Donor Name \_\_\_\_\_  
(Individual or Business Name)

Donor Listing \_\_\_\_\_  
(As you would like it to appear in our program and /or any event related publications)

Contact Person \_\_\_\_\_  
(If different from Donor Name)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone(s) \_\_\_\_\_ Email \_\_\_\_\_

I agree that Benedicline High School may advertise the item for sale in connection with its fund-raising activities. Unless otherwise indicated by me herein, you may use my name in connection with such advertisements.  Please do not use my name.

Donor Signature \_\_\_\_\_

## DONATION INFORMATION

Description of Donated Item(s)	Value	Item Number* Office Use

Value is required for tax purposes, and is determined by the donor as retail or fair market value. Please note any restrictions (e.g., expiration dates, legal restrictions, date specifics, etc.)

**Please Check One Below:**

- Donated item(s) enclosed
- Will deliver donated item(s) to BHS by \_\_\_\_\_
- Contact me to pick up donated item(s)

**Office Use Only:** Input By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Gala Contact: \_\_\_\_\_

Item Number(s) Assigned: \_\_\_\_\_

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