

PLEASE KEEP THE TOP (WHITE) COPY OF THIS FORM FOR YOUR TAX RECORDS

Kennedy Catholic Family of Schools

2120 Shenango Valley Fwy
Hermitage, PA 16148
(724) 346-5531

DATE: _____

20 _ RECORD OF UNDERWRITING

All descriptions contained will be based on the information provided on this form.

Please include all details that you feel are relevant.

PART A

Donor name as it should appear in Catalog:

Address (C, S, Z): _____

Phone: (____) _____

E-mail: _____

PART B

Item being donated: _____

Description as it should appear in Catalog: (Quantity, Color, Size, Event Date, etc.)

Donor's Estimated Value: \$ _____

Restrictions, if applicable: _____

PART C

Contact Person (if other than donor) This is especially important for donations that require tickets, advance reservations, or detailed arrangements. :

Name: _____

Address: (C, S, Z) _____

Home Phone: (____) _____

Business Phone: (____) _____

PART D

Donor Signature:

Solicited by:

PART E

Gift Certificates (if applicable): The Committee prefers that the Donor provide the Gift Certificate for the sake of validity. However, we will provide a Gift Certificate if requested.

*Thank You For Supporting
Kennedy Catholic Family of Schools!*

ALL DONATIONS BECOME THE PROPERTY OF KENNEDY CATHOLIC FAMILY OF SCHOOLS AND WILL BE AUCTIONED AT THE DISCRETION OF THE COMMITTEE AND ADMINISTRATION.

FOR OFFICE USE ONLY

Entered in Database: _____

Booth #: _____

Donation is:

Entered in Donor List: _____

Catalog #: _____

In Storage

Pledged

Starting Bid: \$ _____

To be delivered _____

To be picked up _____

White Copy - Donor

Yellow Copy - File

Pink Copy - Storage