



20th Anniversary!

Saturday, March 2, 2019

St. Stephen's Catholic Church
525 Jackson Street
Anoka, MN 55303

Tel: 763-421-2471 • Fax: 763-421-4230
Email: MardiGras@ststephenchurch.org
www.ststephenchurch.org

2019 DONATION FORM

(Please type or use blue or black pen)

Committee Member	NAME:	PHONE:
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Item Information:

ITEM NUMBER (Office use)	ITEM NAME (THIS IS THE NAME THE ITEM WILL BE LISTED AS):	
ITEM DESCRIPTION – INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, DAYS/NIGHTS AND <u>ALL RESTRICTIONS</u> :		
ITEM CATEGORY (Office use)	ESTIMATED DOLLAR VALUE:	GIFT CERTIFICATE (Choose 1): <input type="checkbox"/> NA <input type="checkbox"/> DONOR PROVIDED <input type="checkbox"/> ORG TO CREATE
ITEM COLLECTION: <input type="checkbox"/> Item received <input type="checkbox"/> To be delivered by Donor <input type="checkbox"/> Org to pick-up (List Details below)		Office Use FORM RECEIVED BY (INITIALS): _____ DATE _____ ITEM RECEIVED BY (INITIALS): _____ DATE _____

Donor Information:

If multiple donors, please list separately or use multiple forms.

DONOR IS: <input type="checkbox"/> COMPANY <input type="checkbox"/> PERSON	DONOR CONTACT NAME (first and last):	<input type="checkbox"/> MARK DONOR ANONYMOUS
COMPANY OR DONOR NAME (<i>As it should appear in item listing</i>):		COMPANY OR DONOR'S WEBSITE (Included in your item listing)
DONOR ADDRESS		
PHONE	CITY:	STATE: ZIP:
EMAIL (<i>This is how we will send you your receipt. Please Print Clearly</i>)		

For office use only:

First Storage Location: <input type="checkbox"/> Cubicle <input type="checkbox"/> Certificate Bin <input type="checkbox"/> Upper Cabinet	PICTURE TAKEN (date) _____ Date Entered OneCause: _____ Initials: _____
	WEB LOGO REQUESTED (date) _____

PLEASE RETURN YOUR DONATION FORM and ITEM BY 2/20/2019.

Donations will be available for online bidding at <https://one.bidpal.net/ssmardigras>

To request pick-up of your donation, please call 763-712-7470 and leave a message with pick up instructions, or we will return your call if you prefer.



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