

# DE LA SALLE

*A Blue Ribbon School of Excellence*

5300 St. Charles Avenue • New Orleans, Louisiana 70115-4999 • (504) 895-5717 • Fax (504) 891-1795 • www.delasallenola.com

## donor form

Date \_\_\_\_\_

Donor \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail address \_\_\_\_\_

**ITEM(S) DONATED:** Please give complete description of item(s) for use in catalog and printed materials. INCLUDE RESTRICTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Donor/Company Name: \_\_\_\_\_  
(as you would like it to appear in publicity materials)

Will you deliver donated items YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_  
(call for pickup)

State Value of Donation: \$ \_\_\_\_\_ Please accept my gift of \$ \_\_\_\_\_ or

Please charge my *(circle one)* Visa Mastercard Acct.# \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

Received - Date/Person \_\_\_\_\_

### *sponsorship levels*

- |  |  |
|--|--|
| <input type="checkbox"/> \$7,500.00 St. John Baptist de La Salle | <input type="checkbox"/> \$500.00 St. Charles Avenue |
| <input type="checkbox"/> \$5,000.00 Br. Arsenius                 | <input type="checkbox"/> \$250.00 Br. Justin Baehr   |
| <input type="checkbox"/> \$2,500.00 Signum Fidei                 | <input type="checkbox"/> \$100.00 Cavalier           |
| <input type="checkbox"/> \$1,000.00 Christian Brothers           | <input type="checkbox"/> Other _____                 |

#### Tax ID #/Statement:

Tax ID # 72-0981487 • This form serves as an acknowledgement that your gift is received without promise of reciprocal goods or services as required by the IRS.

*Thank you for your support!*