

LUMEN CHRISTI HIGH SCHOOL ANNUAL GALA & AUCTION

Non-Profit/Charitable Contribution Receipt
One Item Per Form Please

Item Number

Company/Donor Name: _____

Contact Name (if different from above): _____

Thank You Addressed To: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

Value of Donation: \$ _____	<input type="checkbox"/> BASKET <input type="checkbox"/> ART <input type="checkbox"/> SINGLE ITEM Category _____ <input type="checkbox"/> GIFT CERTIFICATE <input type="checkbox"/> OFFICE TO CREATE CERTIFICATE
ITEM: _____ _____	
Description to be used in Auction Brochure: Restrictions / Expiration Date	
Pick-up Instructions: _____	
Display Info: _____	<input type="checkbox"/> <i>Display To Be Returned</i>

CALLER VOLUNTEER _____ DATE _____

DONOR SIGNATURE _____ DATE _____

PICKUP VOLUNTEER _____ DATE _____

This acknowledgment of your contribution to Lumen Christi High School of the Archdiocese of Anchorage is provided pursuant to section 170(f) of the Internal Revenue Code. No goods or services were provided to you by Lumen Christi High School in return for this contribution. The IRS may require a Form 8282 and/or a Form 8283 to be filed in conjunction with this contribution. You are to consult with your tax advisor regarding such matters. Tax ID #92-0122543

Thank You for Your Contribution and Support!

WHITE: DATA PROCESSING YELLOW: ITEM PINK: DONOR