

Name of Donor(s) (as it should appear in catalog)		<input type="checkbox"/> Check box if you do not want your name listed in the catalog	Date
Address	City	State	Zip
Donor's Signature		Phone	
Item Name		Value (every donation must have a value)	

Catalog Description (please be as specific as possible)

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<input type="checkbox"/> Gift will be delivered to St. James		
<input type="checkbox"/> Please pick up the gift	Person to contact	Phone
Donor's affiliation with St. James (choose all that apply)		
<input type="checkbox"/> Current parent	<input type="checkbox"/> Alumni - Class of _____	<input type="checkbox"/> Faculty
<input type="checkbox"/> Alumni parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Business
<input type="checkbox"/> Parishioner	<input type="checkbox"/> Friend of St. James	
White - Catalog	Donor retains pink copy	Yellow - Item