



FOR OFFICE USE ONLY

Item # _____

- Display Poster/Item Needed
- After Event Follow-up
- Need to Mail Receipt
- On Consignment
- Shared Donors

\$ _____
\$ _____

Tax Exempt No. 38-3674846

Gift Solicitation Form

Donor/Contact _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Email _____ Home Phone _____

Gift Information (Please list all significant information about this item.)

Gift Certificate Certificate Attached Other

Gift Description: _____

Details/Restrictions: _____

Suggested Retail Price \$ _____

Gift Pick-up / Delivery Information:

Pick-up Needed: Date: _____ Time: _____ Entrance: _____ Contact: _____
Closest Main Road Intersection: _____

Donor Will Deliver

Sponsorships:

Yes, I would like to be an Event Sponsor. \$ _____ Sponsorship Amount

**I/we agree to donate the above listed item(s) to Providence Christian High School.
I/we understand that our copy of this gift form is our official receipt.**

Signed: _____ Date: _____

Representative: _____

Providence Christian High School 5479 W. 72nd St., Fremont, MI 49412 (231) 924-9780 www.pchsmi.org

White Copy - Stays with Gift Yellow Copy - Donor's Copy