

Valley Catholic School  
**GALA**  
 February 23, 2019

4440 SW 148th Ave.  
 Beaverton, OR 97078  
 503-718-6486 Fax: 503-646-1102  
 Email: gala@valleycatholic.org  
 Website: valleycatholic.org/gala

<b>FOR OFFICE USE</b>
Item No. _____
Date _____
Entered by _____

**ITEM INFORMATION**

**RETURN YOUR DONATION FORM BY JANUARY 31, 2019.**

Item:	Estimated Dollar Value:
<p>Item Description – Please give a description of the item, including quantity, size, color, and any pertinent details. Please specify any restrictions on date, use or other special conditions and enclose brochures, photos or other display materials.</p>	
<p>Please check all that apply:</p> <p><input type="checkbox"/> Item(s) or certificate(s) delivered with form    <input type="checkbox"/> Please prepare a gift certificate for my item</p> <p><input type="checkbox"/> Item will be delivered on or by (date) _____ or item will be available for pick up on _____ (date)</p>	

**CASH DONATION**

I am unable to contribute an item, but would like to contribute \$ \_\_\_\_\_     Check Enclosed (Make checks payable to VCS Gala)

Please charge my     Visa     Mastercard     Discover

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ CVC Number(3 digits) \_\_\_\_\_ Zip Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**DONOR INFORMATION**

Donor Name (as it should appear in catalog) <input type="checkbox"/> Donor is Anonymous			
Contact Person		Address	
Phone	Fax	City	State      Zip
Email			
Check all that apply: <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Alum <input type="checkbox"/> Business <input type="checkbox"/> Parent of Alum		Signature _____ Date _____ VCS Solicitor                      Relationship to VCS	



**THANK YOU FOR YOUR SUPPORT!**

WHITE: OFFICE-ITEM NO.    YELLOW: OFFICE-ALPHA    PINK: DONOR  
 Tax status 501(c)(3) Federal Tax ID: 93-1253966