



**Donation Form**  
**St. Peter School**

**16<sup>th</sup> Annual Dare to Dream Auction and Gala**  
*March 9, 2019 • Royal Sonesta Hotel Boston*

Office Use Only

Entry No: \_\_\_\_\_ Rec'd: [ ] Yes [ ] No

Category: \_\_\_\_\_ Item

Type: \_\_\_\_\_

*This form must be completely filled out for EACH item donated.*

Donor Name: (Person(s) or Business): \_\_\_\_\_  
(Name of Individual or Business – Exactly as it should appear in auction catalog)

Address \_\_\_\_\_  
(Street address) (City, State, Zip)

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person (if different than donor): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Donor is:** *Please select one*

**BUSINESS**

**ST. PETER SCHOOL:**     Family     Alumni     Parishioner     Staff

**Yes, we would like to support St. Peter School by donating the following:**

Donation Item(s): \_\_\_\_\_ Donor Retail Value: \$ \_\_\_\_\_  
(Gift Certificate, Basket, Wine, Dinner, Travel, etc.)

Donation Item(s): \_\_\_\_\_ Donor Retail Value: \$ \_\_\_\_\_  
(Gift Certificate, Basket, Wine, Dinner, Travel, etc.)

Description of Gift Item and/or Service: \_\_\_\_\_

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

Please include all relevant conditions, instructions and restrictions: dates, times, locations, sizes, tickets/guests, delivery, expirations and blackout dates, etc.

**Donor's Signature:** \_\_\_\_\_

**St. Peter Contact Person:** \_\_\_\_\_ Telephone: \_\_\_\_\_

*Thank you in advance for your support of St. Peter School. Your donation may be tax deductible.*  
*Please consult your tax advisor. **IRC 501(c)(3) Organization / Federal Tax ID No: 042-106-360***

*Please return this form with your donation to:*

**ST. PETER SCHOOL • 96 CONCORD AVENUE • CAMBRIDGE, MA 02138 Phone (617) 547-0101 ext. 130 • eloncar@saint-peter-school.org www.saint-peter-school.org**