



**St. Joseph
Catholic Church**

100 South Ninth Street
Springfield, NE 68059

St. Joseph's Ladies Guild Soup Supper DONATION FORM

Committee Member	NAME:	PHONE:
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Donor Information:

BUSINESS/DONOR NAME:			
DONOR CONTACT NAME:	DONOR ADDRESS:		
PHONE:	CITY:	STATE:	ZIP:
EMAIL:			

Item Information:

ITEM:	ESTIMATED DOLLAR VALUE:	
ITEM DESCRIPTION – INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, DAYS/NIGHTS AND <u>ALL RESTRICTIONS</u> :		
MARK APPROPRIATE BOX: <input type="checkbox"/> Delivery of item by Donor <input type="checkbox"/> Donor provides Certificate <input type="checkbox"/> Item needs to be picked up <input type="checkbox"/> Committee to create Certificate <input type="checkbox"/> Promotional material provided by Donor	SIGNATURE:	DATE:

For office use only:

NOTES:

PLEASE RETURN YOUR DONATION FORM BY October 13, 2018

Fed Tax ID#: 47-0469648