



DONOR INFORMATION (Please complete for tax purposes) Check for anonymous donation

DONOR NAME:			
STREET ADDRESS:			
CITY:	STATE:		ZIP:
PHONE:		E-MAIL:	
WEBSITE:		CONTACT PERSON:	

DONATION INFORMATION (Check all that apply.)

	ITEM(S) DESCRIPTION:			TOTAL # OF ITEMS: FAIR MARKET VALUE: <u>\$</u>
				(for multiple items, please list each item in
				description with fair market value and put
				total above)
	EVENT TICKETS:			FAIR MARKET VALUE: <u>\$</u>
				CHOOSE ONE:
				Donor provides tickets
				Gala creates gift certificate for tickets
				(when tickets are not yet available)
	GIFT CERTIFICATE:			FAIR MARKET VALUE:
				EXPIRATION DATE: CHOOSE ONE:
				Donor provides gift certificate
				Gala creates gift certificate
	CASH DONATION:			AMOUNT: <u>\$</u>
Compa	ny display provided?	🗌 YES 🗌 NO	□N/A	
Donati	on needs to be picked up?	YES 🗌 NO	Date available for p	pickup:

Additional description/restrictions (if any, please be specific):

Thank you for supporting Spiritus Sanctus Academy!

At your earliest convenience, please send any items that can be mailed (event tickets, gift certificates, etc.) to:

Spiritus Sanctus Academy ATTN: Benefit Gala 10450 Joy Rd. Plymouth, MI 48170

Please contact spiritussanctusgala@gmail.com with any questions

SSA VOLUNTEER:	PHONE:	E-MAIL:
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Ann Arbor Campus 4101 E. Joy Rd. Ann Arbor, MI 48105 (734) 996-3855 Spiritus Sanctus Academy is recognized by the IRS as a 501(c)(3) organization. Tax ID 38-2951387 Plymouth Campus 10450 Joy Rd. Plymouth, MI 48170 (734) 414-8430