

Holy Family High School
5195 West 144th Ave
Broomfield, CO 80023
Phone: 303-410-1411
Fax: 303-645-4624

CONTRIBUTION FORM



Donor is:	<input type="checkbox"/> Parent	<input type="checkbox"/> Alumni
<input type="checkbox"/> Friend	<input type="checkbox"/> Faculty	
<input type="checkbox"/> Business	<input type="checkbox"/> Grandparent	
<input type="checkbox"/> Other	_____	

Donor Information— Please Print:	Additional Donor Names and Addresses
Name: _____ <small>(As to appear in catalog)</small>	_____
Address: _____	_____
City/State/Zip: _____	_____
Phone: _____	_____
Email: _____	_____
Business Contact Person: _____	_____
Business Card Attached <input type="checkbox"/>	_____

VERY IMPORTANT! Describe donation in detail. Posted information for this item will be made from this description. Please include any restrictions on item. Expiration Date (if applicable): _____

DONORS ESTIMATE OF VALUE (PLEASE DO NOT LEAVE BLANK) \$ _____

Please check appropriate items:

- Item or Gift Certificate accompanies this form
- Item or Gift Certificate will be delivered to Holy Family HS on (date) _____
- Holy Family HS should make Gift Certificate for the above described item.

Signature of Donor: _____ Date: _____

Please retain a copy of this form as your tax receipt. Holy Family's Tax ID #84-1490222