



Bethany Lutheran School
1011 Ulatis Drive * Vacaville, CA 95687
707-451-6683 * <http://gobethany.com/>

DONATION AGREEMENT

Donor Name _____ Date _____

Address _____
(Street) (City) (Zip)

Phone # _____ Contact Person _____

Description of Donated Item(s) _____

Quantity of Items (if more than one) _____

Item Individual Value(s) \$ _____ \$ _____ \$ _____

Restrictions or Special Arrangements:

<u>MERCHANDISE</u> ____ Will Send ____ To Be Picked Up	<u>GIFT CERTIFICATE</u> ____ Will Send ____ To Be Picked Up	<u>CASH DONATION</u> Amount \$ _____ ____ Will Send ____ To Be Picked Up
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Signature of Donor Bethany Representative

(Please attach any cards, brochures or promotional information.)