



Port Catholic Donation Form

DONOR INFORMATION

PC Solicitor _____ Item# _____

Donor Contact Name _____

Donor/Company Name (as to be listed in catalog) _____

Street Address _____

City _____ State _____ Zip _____

Phone: () _____ E-Mail: _____

DONATION INFORMATION

Donation is: Item Service/Certificate

Please describe in full detail, including quantity, size, color, restrictions, limitations, expiration dates, etc. Category _____

Item Value \$ _____ Minimum Bid Amt. (if applicable) \$ _____

Please Indicate Donation Status

- Item/Certificate Attached
- Certificate to be Created by The Key Event
- Item/Certificate to be Picked Up by (name) _____
- Donor to Deliver Item on (date) _____

ADVERTISING

You may provide an ad to The Key Event OR provide a digital logo and wording and we will create an ad for you. All ads or logos should be in a .jpg, .tif or .pdf format.

- Full Page (5"w x 8"l).....\$250.00
- Half Page (5"w x 4"l).....\$125.00
- Quarter Page (2.5"w x 4"l).....\$75.00
- Please have The Key Event create an ad for me.

Ad Contact Name _____ Email _____ Phone _____

Submit ad information to j.pannemann@sbcglobal.net at least 5 weeks prior to event. Check payable to Port Catholic School.

CASH/UNDERWRITING DONATION

I would like to make a cash donation in the amount of \$ _____ payable to Port Catholic School.

I would like my donation to underwrite _____ .

Please Return to:

The Key Event

446 N. Johnson St, Port Washington, WI, 53074 . Phone: 262-284-2441 . Fax: 262-284-5408
www.portcatholic.org

Port Catholic Tax ID #39-1637069