



donation
form

Donor Information

First Name: _____ Last Name: _____

Company Name: _____

Display Donor Name: _____

Street Address: _____

City, State, Zip: _____

Contact's Phone: _____

Contact's Email: _____

Company Website: (optional) _____

Item Information

Item Name: _____

Item Description: _____

Redemption Instructions: _____

Restrictions: _____

Item Value: _____

Gift Certificate: N/A Included Donor to Provide SCPA to Create

Delivery: N/A Delivered Donor Deliver on: _____ SCPA Pick Up on: _____

Notes: _____

Please Return Completed Form to:
St. Croix Preparatory Academy
4260 Stagecoach Trail N, Stillwater, MN 55082

For Internal Use Only:
Storage: Event Closet Safe Other
Solicitor Name: _____
Item #: _____ Pkg #: _____

Thank you for supporting St. Croix Preparatory Academy.