

Northsound Association for Catholic Education

ARCHBISHOP THOMAS J. MURPHY HIGH SCHOOL DONATION RECEIPT

12911 39th Avenue SE • Everett, WA 98208 • (425) 385-3405

Washington State Charitable Solicitations Registration #3333 • Tax Identification # 91-1172031

Please Print. Use One Form Per Donation.

Donor or Company Name: _____

Contact Person: _____

Phone: _____ Donor Email: _____

Donor Address: _____

City: _____ State: _____ Zip: _____

Donor Signature: _____

PLEASE PROVIDE—FOR USE IN CATALOG

ITEM NAME: _____

DONOR ESTIMATE OF ITEM FAIR MARKET VALUE: \$ _____

DESCRIPTION OF ITEM: (Important! Be creative and descriptive - this is used in the catalog.)

DONOR NAME (as it should appear in catalog): _____

Please Provide the Following (if applicable):

Cash Donation: \$ _____

Expiration Date: _____

Other Restrictions: _____

- Donor to Provide Gift Certificate
- AMHS to Make Gift Certificate
- Promotional Material Included
- Item to be Picked-Up/Delivered on: _____

Solicitor is responsible for item pick-up/delivery unless other arrangements have been made and confirmed with Development Office.

Solicitor Name: _____

Solicitor Phone: _____

Solicitor E-mail: _____

AMHS Student Name: _____

- AMHS Family
- Alumni: Year _____
- Non-AMHS Family
- Faculty or Staff

OFFICE USE ONLY

Date Form Received	Date Item Received	Received By	Computer Entry Date	Entered By	Storage Location	Procurement Number