



OUR LADY SEAT OF WISDOM

A CHESTERTON ACADEMY

DONATION FORM

Please keep a copy of this form for your records

Donor Contact Information

Name/Business: _____

Contact Name: _____

Street: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Donor is: _____ Parent _____ Alumni _____ Faculty
_____ Business _____ Grandparent _____ Other

Donation Description:

Please Provide a detailed description of the donation below. Please include any restrictions or expiration dates if applicable.

Donation Value: \$ _____

Donation Instructions

_____ item or gift accompanies this form

_____ Item or gift will be delivered to Our Lady Seat of Wisdom on _____

_____ Our Lady Seat of Wisdom needs to make a gift certificate for the described items.

_____ We would like Our Lady Seat of Wisdom to pick up the described items. The best date and time is: _____

Donor Signature: _____

Date: _____

Solicitor: _____

Our Lady Seat of Wisdom, a Chesterton Academy

1843 West 52nd Ave, Denver, Co. 80221 ~ 720-446-6188 ~ www.olswdenver.org

Tax Exempt # 88-2602093