

Peninsula Catholic High School Donation Form

Thank you! You are making a difference in the lives of PC students!

Date: _____

Donor Name: _____

Contact Name: _____

Telephone: _____ **Email:** _____

Address: _____

Description of donation* with value^:

Delivery Information:

____ Item(s) will be delivered to PC by donor

____ Item(s) need to be picked up by PC

____ Certificate will be created by donor

____ Certificate needs to be created by PC

**PC is an exempt organization as described in Section 501(c)(3) of the Internal Revenue Code;
EIN 54-0680798**

*Please list each item on a separate line and include the value of the item. Include restrictions, expiration dates, or notes. ^Value can be appraised, valued, or estimated. If a value is not provided, PCHS will assign a fair market value to the item.

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Entered DP _____ TY Call _____ TY Ltr _____ For Gala & Auction: Entered Service Hours _____