



**DONOR FORM**

Lafayette Catholic School System  
2410 S. Ninth Street  
Lafayette, IN 47909  
(765) 474-7500 Fax (765) 474-5426

Item # \_\_\_\_\_  
Catalog # \_\_\_\_\_  
BKA Rep/Event \_\_\_\_\_  
Master ID \_\_\_\_\_

**GIFT:** \_\_\_\_\_ **Estimated Value: \$** \_\_\_\_\_

**DESCRIPTION OF GIFT FOR CATALOG PURPOSES – PLEASE BE SPECIFIC**

(Age, Material, Size, Style, Restrictions & Etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GIFT CERTIFICATES** (should be valid for one year): Please choose one:

\_\_\_\_\_ Gift Certificate **ATTACHED**, expires \_\_\_\_\_  
\_\_\_\_\_ Please have Lafayette Catholic Schools **MAKE** the gift certificate, expires \_\_\_\_\_

**PLEASE CHOOSE ONE:**

\_\_\_\_\_ I will deliver donation to Lafayette Catholic Schools Development Office  
\_\_\_\_\_ Please pick up my donation. It will be ready by \_\_\_\_\_

**NAME OF DONOR AS YOU WISH IT TO APPEAR IN THE CATALOG:**

**FOR THANK YOU PURPOSES:**

**NAME OF BUSINESS** (if business donor): \_\_\_\_\_

**BUSINESS CONTACT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DONOR RELATIONSHIP TO LAFAYETTE CATHOLIC SCHOOLS:** (Please Circle All That Apply)

Friend of LCSS      Current Parent      Alumni      Business      Parent of Alumni

**Category:**

Oral    Super    Treasures    Miscellaneous    Athletics    Athletic Certificate    Certificates    Cash

**PLEASE RETURN COMPLETED DONOR FORM TO LCSS DEVELOPMENT OFFICE ASAP**