



Seattle Archdiocesan Council of Catholic Women
 710—9th Avenue
 Seattle, WA 98104
 president@SeattleACCW.org

Tax ID # 91-0778147

for office use only:
 Item Number: _____
 Catalog Number: _____
 _____ Oral
 _____ Silent
 _____ Raffle
 _____ Other _____

Donation: _____

Description: Gift Certificate? Yes No _____

Value: \$ _____ Restrictions/Expiration _____

Donor Information

_____ Individual _____ Company _____

Business Contact/Individual: _____

Address: _____

Telephone: _____ Email _____

Thank You: Company _____ Individual _____ Anonymous _____ Other _____

Instructions for Solicitor

*Fill out completely. Be as detailed as possible.
 One form per item. Give dollar amount for each.
 Note any restrictions. Ck individual or Company.*

**Anonymous is checked if donor does
 NOT want recognition.**

*Please have contributor initial, make copy and
 give to donor for personal/company records.*

Information for Contributor

**Seattle ACCW is a 501(c)3 organization
 and no goods or services were received
 by you in return for contributions.
 Please initial here _____**

Solicitor Information

Solicited by: _____

Phone/Email _____

Date: _____ Personal Friend? Yes ___ No ___

Item/ Gift Certificate Location

Already delivered to : _____

Will bring to: _____ by _____

Needs to be picked up on: _____

Will be mailed to: _____

Gift Certificate needs to be completed. _____