2024 Knight Event Donation Form

BERGAN CATHOLIC

Disclaimer: The donation becomes the property of Bergan Catholic School. The Auction Committee reserves the right to combine items into packages.
There is no guarantee for live auction.

For office use only:

_____ Procurement Number

_____Catalog Number

Donor Information: +Required

Donor Contact Name*: _____

Donor Company Name: _____

Donor Address*: _____

Donor Phone: _____ Donor email*: _____

Donor Name:* (as it should appear in the catalog for recognition)

_____

Please provide a clear and complete description of the items being donated. Please specify any restriction, expirations, dates or limitations that may apply. (This information will be used in the catalog and on the description sheet)

_____

Which committee member asked you for this item?

_____

Date: _____20_____

Additional Notes:

Declared Value:

$ _____**Fair Market Value**
(what is the retail or market price of the item?)

Please indicate the following regarding this item:

_____ Actual item provided with this sheet
_____Donor to provide display
_____School will provide display
_____Donor to provide gift certificate
_____School to issue gift certificate
_____Anonymous Donation

Want to donate, but don't have an item? You can still contribute by donating money.

Donation to be used for Underwriting event expenses & donor to receive underwriting level benefits _____

Donation to be used for the Knight Event planning committee to purchase an auction item_____

___$50 ___$100 ___$500 ___$1,000 ___$2,500 ___$5,000 ___Other

___Cash ___Check ___Send Statement

___Credit Card: credit card payments can be made online at https://qtego.us/donate/bergan

Billing information, if different from above:

Name: _____Company: _____

Address: _____

Questions? Please contact:

Contact Sarah Monke at sarah.monke@berganknights.org or
Bode Hill at bode.hill@berganknights.org

Bergan Catholic School
545 E 4th Street Fremont, NE 68025
Phone: Dan Koenig 402-721-9683 Fax: 402-721-5366

For office use only:

_____ Blackbaud Date: ___ Check#

_____Tax Disclosure Date: _____

_____Thank you Date

____**Please remove from donation list.**