

DONATION

The donation is a:

- Physical item. Number of items? _____
 Gift certificate(s) or ticket(s) _____
 This form IS the gift certificate.

What is donated? _____

Specific description: _____

Minimum Value: \$ _____

If the donated item is not attached, when can a Big City Parents Organization committee representative pick up?

Restrictions on donation, if any: _____

CONTACT + QUESTIONS

Tejal Shah 2012 Co-President
Virginia Watts 2012 Co-President
Big City Parents Organization
bigcitypo@gmail.com
Big City Montessori School (415) 648-5777

For information regarding Big City Montessori School, please contact Amanda Riccetti, Director (415) 648-5777 bigcityschool@gmail.com

Thank you for your donation!!

Big City
MONTESSORI SCHOOL

240 Industrial Street
San Francisco, CA 94124
bigcitymontessorischool.com

CASH DONATIONS

I would like to make a donation to Big City Parents Organization, Inc. to help support scholarships for families in the Children's Council of San Francisco Program.

Donation Amount: \$ _____

I would like this to be an anonymous gift.

Big City Parents Organization, Inc.
Tax I.D. #20-3108332

DONOR INFORMATION

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone () _____

Email _____

Signature _____

Date _____

FOR AUCTION COMMITTEE USE:

ITEM # _____

