

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 pickup?

Restrictions on donation, if any: _____

CONTACT + QUESTIONS

Caitlin Sharp the_sharp_family@yahoo.com
2009-2010 President, Big City Parents Organization
Or, leave message at Big City Montessori (415) 648-5777

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

