SAMOHI GRAD NITE DONATION FORM

l wou	uld love to support Santa Monica High Scho	ool's graduating seniors!	
Donor	/Company Name		
Contac	ct Name (if different from above)		
Addres	ss		
		Zip	
Phone	Email		
Donati	ion type:		
	CASH / CHECK DONATION OF \$	(PLEASE MAKE CHECK PAYABLE TO "SAMOHI GRAD NITE")	
	ITEM OR SERVICE Please describe the item or service you're donating: _		
	Value: \$		
	Restrictions or conditions if any:	mohl GRAD No.	
	Please Check one:	C.M. STEETHER	
	☐ Item accompanies this form		

Please email this form to: JGKS@verizon.net | Thank you for your generous donation! Please keep a copy of this form as your receipt. Our Federal Tax ID# is: 95- 4423548

☐ Please contact me to make pickup / delivery arrangements

Donor Signature_____ Date_

