

| For Office Use Only: |    |        |
|----------------------|----|--------|
| AK                   | DB | Item # |

## "A Night for Kids" Donation Form

11123 South Towne Square, St. Louis, MO 63123 Phone: 314-200-0797 Fax: 314-200-0890 Please make a copy of this completed form for tax purposes. You as the donor are responsible for substantiation of the value of this gift to your tax advisor.

| Donor:                                  |                                         |                                         |                     |                               |
|-----------------------------------------|-----------------------------------------|-----------------------------------------|---------------------|-------------------------------|
| Contact Person:                         |                                         |                                         |                     |                               |
| Address:                                |                                         |                                         |                     |                               |
| City:                                   | State:                                  |                                         | Zip:                |                               |
| Phone:                                  | Fax:                                    | Email: _                                |                     |                               |
| Item Description:                       |                                         |                                         |                     | ••••••••                      |
|                                         |                                         |                                         |                     |                               |
|                                         |                                         |                                         |                     |                               |
|                                         |                                         |                                         |                     |                               |
|                                         |                                         |                                         |                     |                               |
|                                         |                                         |                                         |                     |                               |
|                                         |                                         |                                         |                     |                               |
| Expiration Date:                        |                                         | Estimated Value:                        |                     |                               |
|                                         |                                         |                                         |                     |                               |
| Please check one of the follo           |                                         |                                         |                     |                               |
| ☐ Item/Gift Certificate is in           |                                         |                                         |                     |                               |
| ☐ I will send/deliver my do             |                                         |                                         |                     |                               |
| ☐ Please make up a Gift Ce              | •                                       | •                                       |                     |                               |
| ☐ Contact me to arrange pi              | ok up of my item/certificate            | ·.                                      |                     |                               |
| • • • • • • • • • • • • • • • • • • • • | • • • • • • • • • • • • • • • • • • • • | • • • • • • • • • • • • • • • • • • • • | • • • • • • • • • • | • • • • • • • • • • • • • • • |
|                                         |                                         |                                         |                     |                               |

- Return this form and your donation to: Lutheran Elementary School Association 11123 South Towne Square St. Louis, MO 63123
- Make checks payable to Lutheran Elementary School Association.
- Contact the LESA office at 314-200-0797 or with your questions or to purchase tickets.