



## DECEMBER GALA CONTRIBUTION DATA

Contact's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_  
(Please print exactly as it should appear in the Silent Auction Program)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Description of donation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Value: \$ \_\_\_\_\_

Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Please return to:  
Saint Nicholas Academy  
5501 New Cut Road  
Louisville, Kentucky 40214**