## St. Paul Catholic School

Event Name: Oktoberfest





<b>Donor Information:</b>				
First Name:			Last Name:	
Company Name:				
Donor Display Name:				
Street Address:				
City / State / Zip Code:				
Primary Phone #:	Secondary Phone #:			
E-mail Address:				
Website:				
Item Information:				
Item Name:				
Item Description:				
Restrictions:				
Item Value:			Priceless?	Yes No
Gift Certificate?	□ N/A	Included	Donor to Provide	Organization to Create
Delivery?	□ N/A	Delivered	Donor to Deliver	Organization to Arrange Pick up
Notes:				
Please Return Completed Form to:				
St. Paul Catholic St. Paul Cat		0		
	5) 662-288: her@narish	3 n dol-in ora		

Thank you for supporting St. Paul Catholic School!