



Save the date ... March 12, 2016!

DONATION FORM

Gift _____

Value of Gift \$ _____ Expiration Date (if applicable) _____

Additional Description of Gift (please be specific)

Name of Business/Individual _____

Contact Name _____

Address _____

City/State/Zip _____

Email _____ Phone _____

Please choose one:

- Donation is enclosed.
- I will deliver donation to McNicholas High School.
- Please contact me at the number listed above to arrange delivery/pick up of gift.

If you have questions, please contact Annette McHugh at amchugh@mcnhs.org or at 513.619.5814.

Thank you!

Please mail to:

McNicholas High School
Attn: McNick at Night
6536 Beechmont Avenue
Cincinnati, OH 45230

For Auction Use Only

Item Number: _____

BidPal: _____/_____

RE: _____/_____