



# Bishop England High School

363 Seven Farms Drive  
Charleston, SC 29492  
Phone: (843) 849 9599 Fax: (843) 849 7849

**Federal Tax ID**  
**57-6000118**

## DONOR INFORMATION (please print)

**Donor/Company Name** \_\_\_\_\_  
(as it should appear in printed material)

**Donor Contact Person** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Donor Phone** \_\_\_\_\_ **Donor Email** \_\_\_\_\_

### Relationship to BEHS:

Current Family    Business    Friend    Alumni Family    Grandparent    Faculty/Staff

**Description of Item** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Restrictions or Limitations, if any** \_\_\_\_\_  
\_\_\_\_\_

**Value of Item** \_\_\_\_\_ (per IRS requirements, donor sets value) **Expiration Date** (if applicable) \_\_\_\_\_

**Item Picked Up** (please circle)    YES    NO    **If no, date item may be picked up** \_\_\_\_\_

**Brochure or material to display with Bid Sheet** (please circle)    YES    NO

**DONOR SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**SOLICITOR SIGNATURE** \_\_\_\_\_ **Solicitor's Phone** \_\_\_\_\_

## Thank you for your generous support!

For Office Use

Date thank you sent:
Date item received:

White Copy - Office

Yellow Copy - Donor