



NERINX HALL

AUCTIONERINX

Gift Form

Acquisition No. _____

Section _____

Date _____

Donor's Last Name _____ First Name _____ Nerinx Alum Yes No

Company (if applicable) _____ Company Contact Name _____

Address _____ City _____ State _____ Zip _____

Donor's Signature _____ Telephone _____

Donor's Name: as it should appear in the catalog! Please check box if you do not want your name to appear in the catalog.

GIFT:

Description for Catalog: Please be as specific as possible. **INCLUDE ANY RESTRICTIONS!**

VALUE: (Note: Every gift must have a specific dollar-value listed . . . if you are unsure, make your best guess.)
\$ _____

Gift will be delivered to Nerinx
 Please pick up the gift at: Place _____ Date _____ Time _____
Person to contact: _____ Phone _____

Solicitor _____ Phone _____

Nerinx Hall High School / 530 E. Lockwood / St. Louis, MO 63119 / Phone 968-1505