



ST. JOSEPH CATHOLIC SCHOOL

FAITH, ACADEMICS & SERVICE EST. 1954

6500 Highland Drive  
Vancouver, WA 98661  
Phone: 360.696.2586  
Fax: 360.696.0977  
www.stjoevanschool.org

## Procurement Form

Tax ID #: 91-0602266

### Donation Information

Name (Please **Print** First and Last) \_\_\_\_\_

Company/Business (if applicable) \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Type of Gift: check all that apply -

Item \_\_\_\_\_ Certificate \_\_\_\_\_ Sample/Display \_\_\_\_\_ AD \_\_\_\_\_ Cash/Check \_\_\_\_\_ Check # \_\_\_\_\_

Item Description (How to list in the catalog - Please list any restrictions and include details such as color, size, quantity, brand, price per item, etc. Attach a picture and/or brochure if available)

Certificate Attached? \_\_\_\_\_ Prepare a Certificate for me: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I will deliver my item to St. Joseph School by: \_\_\_\_\_ Please Pick up my item by: \_\_\_\_\_

*We thank you for your generous support!*

### Procured by: (If different from above)

Family: (please print first and last name) \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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