DONATION/GIFT FORM OUR LADY OF MERCY ACADEMY

815 Convent Road Syosset, NY 11791 516-921-1047 x 117 Fax 516-921-3634

Donor Information

Name:			
Address:			
City:	State:	Zip:	
Donation Information			
Donation:			
	Desc	ription of Donation	
			_
Restrictions:			
		Suggested minimum bid	
		ation for the IRS and is a not-for-profit organization for the IRS and is a not-for-profit organization.	
Our Lady of Mercy Academy has no	t provided you w	vith any goods or services for this donation.	
Signature		Date	

This form should be filled out by the person donating the gift.