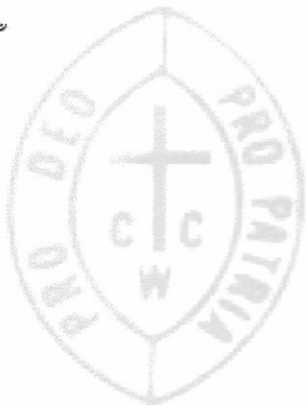




# Catholic Woman's Club of Pierce County

Procurement Form

Tax ID #: 91-6054566

## Donation Item Information

Item name: \_\_\_\_\_

Item Description (Please describe in detail and include any restrictions):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Donor Stated Value: \$ \_\_\_\_\_ Expiration Date (if applicable): \_\_\_\_\_

## Donor Information

Donor & or Company Name: \_\_\_\_\_

Contact Person (if different from Donor): \_\_\_\_\_

Donor/Company Address: \_\_\_\_\_

Donor/Company Ph#: \_\_\_\_\_ Email: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your generosity!



Please retain the pink copy for your company records & return the white copy to CWC