



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: _____