



P.O. Box 308 ♦ St. Thomas, VI 00804

340.774.0231

GIFT DONATION FORM

VENDOR INFORMATION:

Contact Name/Title:

Company Name:

Billing Address:

City/State/Zip:

Phone:

Gift Item(s):

_____ approximate value _____

_____ approximate value _____

SPECIAL NOTES:

Company Contact Signature: _____ Date: _____

Received By: _____ Date: _____

Educated, Prepared, Connected in Faith