



**DONATION FORM**  
**THE ADVENT SCHOOL SPRING BENEFIT**  
**SATURDAY, MARCH 27, 2010**

Name: \_\_\_\_\_

Contact Name (if a business): \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) -- \_\_\_\_\_ -- \_\_\_\_\_

Donation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Retail value: \$ \_\_\_\_\_ . \_\_\_\_\_

Additional information/stipulations/expiration date: \_\_\_\_\_

\_\_\_\_\_

Enclosed you will find a gift certificate.

I will mail/deliver my item to the School.

The item should be picked up by a volunteer.

**PLEASE RETURN FORM to:**

**The Advent School, Attn: Stephen Lampert**

**15 Brimmer Street, Boston, MA 02108**

**Telephone: (617) 742-0520 ext. 18**

**FAX: (617) 723-2374**

***The Advent School's Tax ID Number Is 04-2304521***