



ST. MARY'S SPRINGS  
Academy



**Sponsor/Donor:**

(Your name or business will be recognized as listed above.)

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

Address: \_\_\_\_\_

**I/We would like to support SMSA as follows:**

**Event Sponsor**      Monetary Amount for Sponsorship: \_\_\_\_\_  
This completed form is requested by **June 21**, 2019.

**Donate an item**      This completed form is requested by **June 14**, 2019.  
Items are requested by July 1, 2019.

Auction Item: \_\_\_\_\_ Value of Item: \_\_\_\_\_

Item will be returned with form.     Please pick up on \_\_\_\_\_     I will deliver on \_\_\_\_\_

**Item Description**

(Be specific, detailed information is needed to accurately portray your donation. Use back of sheet if necessary.)

**Please provide check payable to:**

St. Mary's Springs Academy  
Your donation may be tax deductible.  
Please consult your tax advisor.

**Return to:**

St. Mary's Springs Academy/Kristin Zitlow  
255 County Road K  
Fond du Lac, WI 54937