

Donations of Gifts-in-Kind

| Name of Individual, Firm or Foundation | |
|---|-------------------------------|
| Authorized Representative of Donor | |
| Signature of Authorized Representative or In | dividual |
| Mailing Address | |
| Telephone: | Email: |
| Item Value: \$ | |
| Description of donation: (Include any restric | tions or instructions): |
| | |
| Indicate how donor name should appear in pr | ublicity and acknowledgments: |

Your support of Convent & Stuart Hall is greatly appreciated.

Please return to:

Convent & Stuart Hall c/o Advancement Office 2222 Broadway San Francisco, CA 94115