



Basket Item Commitment Form



Donor Name: _____ Class Year (if applicable): _____

Company Name: _____

Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Summary of Item(s): _____ Total Value: \$ _____

QUANTITY	SPECIFIC ITEM(S) DESCRIPTION	SPECIFIC ITEM(S) VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Can this item be separated into different baskets? ☐ Yes ☐ No

NOTES (ie. Expiration Dates, Exclusions, etc.): _____

*Please submit a copy of this form with your donation.
All donations are due to Archbishop Carroll High School by February 1, 2026.
Contacted by 2026 St. Pat's Fest Committee Member: _____*



THANK YOU FOR YOUR SUPPORT OF THE 2026 CARROLL ST. PAT'S FEST!

Receipt for: _____

Solicitor Signature: _____