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, 2027.
Contacted by 2027 St. Pat's Fest Committee Member: _____

THANK YOU FOR YOUR SUPPORT OF THE 2027 CARROLL ST. PAT'S FEST!

Receipt for: _____

Solicitor Signature: _____ CHS ID#: 31-0968813