



ST. JOHN'S
BAKERSFIELD

St. John's Lutheran School & Children's Center
4500 Buena Vista Road – Bakersfield, CA 93311

Procurement Form

FOR OFFICE USE ONLY

Date: _____
Received by: _____
Section: Live Silent Cash Other
Entered by: _____
Item #: _____

Donor Information

Donor Name to Appear in Event Program: _____

Contact Person: _____

Mailing Address: _____ City: _____ Zip: _____

Best Contact Number: _____ Email: _____

Item Information

Item Description (i.e. make/model/color): _____

Expiration Date (if any): _____ Value of Item: \$ _____

Gift Certificate Information *(please check one)*

☐ SJLS/CC to Create Gift Certificate

☐ Donor's Gift Certificate Attached

Information to be included in certificate: _____

Solicitor Information

Name of Solicitor and/or Student(s): _____

Teacher(s) Names: _____

White – Office Copy

Tax I.D. #956085185

Pink – Donor Copy