



Donation Form

Name as it should appear in print: _____

Alumnus _____ Faculty/Staff Parent Friend of DLS
(Year)

Contact Name: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Donation Type (Please check one):

Gift: _____ Certificate/Gift Card: _____ Monetary Donation: _____ Other: _____

Donation Description: _____

Donation Value: _____ Donation Expiration Date: _____

Restrictions or instructions (if applicable):

Please send completed form and donation to

De La Salle High School
5300 St. Charles Avenue | New Orleans, LA 70115-4999
or

scan and email the form to advancement@delasallenola.com

or

complete the donation form online at www.delasallenola.com/MaroonandWhiteGala

For donation pick up, please call De La Salle at 504-895-5717 or
email advancement@delasallenola.com

Many thanks for your generous support!

De La Salle Tax Identification Number: 72-0981487