



11654 Plaza America Dr. | Suite 175 | Reston, VA 20190
703-957-0032
info@allcatholicgifts.com
AllCatholicGifts.com

INSTITUTIONAL ORDER FORM

*Serving Parishes, Schools, Dioceses,
Religious Communities & Ministries*

INSTITUTION INFORMATION

Institution / Organization Name _____
Department (if applicable) _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____
Email _____ Website _____

Type of Institution (check one):

☐ Parish ☐ Catholic School ☐ Diocese / Chancery ☐ Religious Community
☐ Ministry / Apostolate ☐ Other Nonprofit

Tax-Exempt Status: ☐ Yes, Tax-Exempt (Please attach certificate) ☐ No

Tax ID / EIN _____

BILLING INFORMATION

Contact Name _____
Billing Address _____
City _____ State _____ ZIP _____
Phone _____ Email _____
Purchase Order # _____ Account # _____

SHIPPING INFORMATION ☐ Same as Billing Information

Contact Name _____
Shipping Address _____
City _____ State _____ ZIP _____
Phone _____ Email _____
Special Delivery Instructions _____

ORDER DETAILS

No.	Item / Product Description	Item # / SKU	Quantity	Unit Price	Discount %	Total Price
1						\$
2						\$
3						\$
4						\$
5						\$
6						\$
7						\$

Need more space? Please attach a separate sheet with item details.



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INSTITUTIONAL DISCOUNTS

- ☐ 5% Orders \$250 – \$499
☐ 10% Orders \$500 – \$999
☐ 15% Orders \$1,000 – \$2,499
☐ 20% Orders \$2,500+
☐ Other Approved Discount _____ %

PAYMENT METHOD

- ☐ Purchase Order (PO # required above)
☐ Check (Payable to All Catholic Gifts)
☐ Credit Card (We will contact you for payment)
☐ ACH / Bank Transfer (We will provide details)



Thank you for your order!

It is our privilege to serve your
mission and support your ministry.

Give the Gift of Grace.

ORDER TOTALS

Subtotal	\$
Less Discount	\$
Shipping & Handling (See Shipping Options)	\$
Sales Tax (If applicable)	\$
GRAND TOTAL	\$

SHIPPING OPTIONS

- ☐ Standard Ground (5–7 Business Days)
☐ Expedited (2–3 Business Days)
☐ Rush / Priority (1 Business Day)
☐ Will Call / Local Pickup (Reston, VA)

*Shipping fees will be calculated and added
to your invoice.*

SPECIAL INSTRUCTIONS

AUTHORIZED PURCHASER

*I certify that I am authorized to place this order on behalf
of the institution named above and that the information
provided is accurate.*

Name (Printed) _____

Signature _____

Title _____

Date _____



RELIGIOUS GIFTS • SACRAMENTAL GIFTS • DEVOTIONAL ITEMS • HOME & CHURCH • BOOKS & MORE

