

Donation Receipt

Donor Information:

COMPANY NAME:		PHONE:
		() -
ADDRESS:		
CITY:	STATE:	ZIP CODE:

Contact Information:

CONTACT NAME:	PHONE, IF DIFFERENT THAN ABOVE:
	() -

Information Pertaining to Donations:

NAME OF ITEM(S):	DONOR'S ESTIMATED VALUE:
	\$
DESCRIBE ADDITIONAL DETAILS OF DONATION, IF NECESSARY (RESTRICTIONS, SIZES, COLORS, ETC.):	
SIGNATURE OF DONOR:	DATE:
	/ /

Questions?

PTO OFFICER SIGNATURE:	DATE:
	/ /

EIN: