



DONATION FORM

Name of Donor: _____

Mailing Address: _____

Type of Donation:

- Credit Card
- Cash/Check

Amount: \$ _____

- Non-Cash

Fair Market Value: \$ _____

Purpose of Donation:

Funds to be Deposited in:

- ASB Fund

Budget Code: _____

- General Fund

Budget Code: _____

Yelm Community Schools Administrator

Date