



Donation Form

Please complete this form and return it to the district office with your donation. Thank you for your support.

Name: _____ Date: _____

Address: _____

Donation Amount: \$ _____ Payment Method: Cash _____ Check _____

Credit Card: _____ Number: _____ Exp. Date: _____ CVV: _____

Phone Number: _____ E-mail: _____

I would like my donation to be used for the following purposes. (If you would like to divide your donation between different categories, please designate the amount to each.)

| Donation Category/Reason: | Donation Amount: |
|---------------------------|------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Idaho Falls School District 91 is very grateful for your generous donation of \$ _____. Your donation will help provide students with _____. Thank you again for choosing to support our community and schools with your donation.

Signature--- IFSD Official: _____ Date: _____

(Please retain a copy of this receipt for your records. Please be advised that as a public school district and a subdivision of the state of Idaho, we are tax exempt under Section 501(c)(3) and 170(c)(1), and your donation could be eligible for a state tax credit and a federal tax deduction.)