

# CONNELLSVILLE AREA SCHOOL DISTRICT



## Donation Form

**Donor Information to be used for Acknowledgements: (please print or type)**

Name of Donor:		
Mailing Address:		
City:	State:	Zip Code:
Telephone (home):		
Telephone (business):	Fax:	
E-Mail:		
Designation of donation (list club/sport/program name to receive donation):		
Description of Donation (If monetary donation, list the exact amount; if other than a monetary donation, include a detailed description of each item, including serial number, model number, color, etc.):		
Donor's estimate of value:		

Please make checks, corporate matches, or other gifts payable to:

Connellsville Area School District  
732 Rockridge Road  
Connellsville, PA 15425

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**To Be Completed by District:**

Donations must be approved and accepted by the School Board.

1. Please forward completed form to the district business office.
2. Please attach a copy of this form to the monetary donation before sending to the business office.

School Received at:	
Designate Account Number to receive monetary donation:	
Received by (print name):	Received by Signature:
Date Received:	School Administrator Signature:

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**To Be Completed by Business Office**

Date of Agenda Review:
Date Approved by Board:
Date Donor Recognition Sent*:

\* A copy of this form will be included with the donor recognition letter.