



SHEFFIELD-SHEFFIELD LAKE CITY SCHOOLS

Donation Receipt

DONATING INDIVIDUAL/ORGANIZATION: _____

DONATION AMOUNT: _____

BENEFITING PROGRAM: _____

(If donating to multiple programs/teams, please list each team below you wish to donate to and the amount per team.)

DONATOR SIGNATURE: _____

EMPLOYEE SIGNATURE: _____

DEPOSIT INTO ACCOUNT: _____

BOARD OF EDUCATION

Date added to board agenda: _____