



DONATION(S)

FORM

OFFICE OF BUSINESS ADMINISTRATION

DONOR INFORMATION

BUSINESS NAME:

NAME (LAST, FIRST, M.I.)

STREET ADDRESS:

EMAIL:

CITY, STATE, ZIP:

PHONE NUMBER:

WEBSITE:

ALTERNATE PHONE NUMBER:

DETAILS ABOUT THE ORGANIZATION AND HOW DONATIONS CAN HELP

DONATION DESCRIPTION

CHECK ONE:

☐

CASH

☐

CHECK

☐

PRODUCT/ITEM

☐

SERVICE

☐

OTHER

AMOUNT/DESCRIPTION:

DATE:

NOTES:

PTHS D209 CONTACT INFORMATION

NAME – TITLE/SCHOOL:

PHONE:

EMAIL:

SIGNATURE OF APPROVAL(S)

BUILDING PRINCIPAL

DATE:

SUPERINTENDENT

DATE:

(Board approval if over \$2,000)

THANK YOU FOR YOUR INFORMATION

PTHS209.ORG

LAST UPDATED IN JULY 2025