

Donation Receipt for _____ SCHOOL

First Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Donation Amount _____

Donor Date _____

Donations to _____ SCHOOL PTA _____

are tax-deductible.

Donation Receipt for _____ SCHOOL

First Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Donation Amount _____

Donor Date _____

Donations to _____ SCHOOL PTA _____

are tax-deductible.

Received By _____ Date _____

Donation Receipt for _____ SCHOOL

First Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Donation Amount _____

Donor Date _____

Donations to _____ SCHOOL PTA _____

are tax-deductible.

Received By _____ Date _____