



WESTSIDE ELEMENTARY SCHOOL DONATION FORM

Please complete this form and turn it in to the school office with your donation. Thank you for your support!

Name: _____ Date: _____

Address: _____

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

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.)

Table with 4 columns: Donate to these categories, Donation Category, Description, Donation Amount. Rows include School Account, Technology, Media Center, and Playground.

THANK YOU! THANK YOU! THANK YOU!

(RECEIPT)

Westside Elementary School is very grateful for your generous donation of \$_____. Your charitable donation will help provide our students and teachers with equipment, activities and/or supplies that would not be possible without support from people like you. Thank you again for choosing Westside Elementary for your donation.

Signature - Westside Official: _____ Date: _____

(Please retain for your records. Please be advised that as a 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 tax credit or a tax deduction.)

(FOR OFFICE STAFF: Please verify the donation, make a copy of this form and retain for school records, give the original form back to the donor)

