



EDGEMONT GARDENS 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.)*

Donate to these categories	Donation Category	Description	Donation Amount
	School Account	Donations will be used as needed to meet the needs of students and teachers in the school.	\$
	Technology	Donations will be used to purchase technology devices and/or supplies.	\$
	Media Center	Donations will be used to purchase library books, supplies, and devices like e-readers.	\$
	Playground	Donations will be used to purchase playground equipment.	\$

THANK YOU! THANK YOU! THANK YOU!

(RECEIPT)

Edgemont Gardens Elementary School is very grateful for your generous gift 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 Edgemont Gardens Elementary School for your donation.

Signature –Edgemont Gardens Official: _____ Date: _____

(Please retain this receipt 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 it for school records, give the original form back to the donor. Thank you.)*