



Skyline High 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 Skyline High School 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	Donation Amount	Donate to these categories	Donation Category	Donation Amount
	Skyline High School (School Account)	\$		History	\$
	Technology	\$		Drama	\$
	Media Center	\$		Debate	\$
	Sports (indicate preferred sport)	\$		Band	\$
	Science	\$		Arts	\$
	Math	\$		Family Consumer Science	\$
	English	\$		Student Leadership	\$
	Foreign Language	\$		Yearbook	\$
	Choir	\$		Newspaper	\$
				National Honor Society	\$

THANK YOU! THANK YOU! THANK YOU!

Skyline High 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 Skyline High School for your donation.

Signature--- Skyline 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.)