

St. Gabriel Consolidated School Request for Statement of Donation

Date: _____

Submitted by: _____

Phone #(s): _____

Description of Donation:

(Please attach any receipts or other documentation about the donation.)

Name of Person/Company to receive the Statement of Donation:

Please send Statement to: _____

Please submit this completed form the PTO Treasurer, Coreen Brown
C/O Jonathan 5S

PTO Board Use

PTO Approval: _____ Principal Approval: _____

Date Statement Sent: _____ By: _____