

Donor Name:		Date:		
Donor Address:				
	street ac	ldress city/st	city / state / zip	
Deposit to Acco	unt of:			
		project / account name		
Purpose/Use:				
_				
		who will return the duplicate Received From		
Receipt #	Check # or Cash	(if not cash/check, also write in name of donated item)	Amount	
		Deposit To	tal	
Please submit al	l donations over \$10	00 monthly. All donations need to have a lett	er stating how the	
donation should	be used. We can no	t assess a value to donated items. A thank yo		
the school/depar	tment to the donor.			
G: 4 GG 1	1 ,			
Signature of Col				
	y Bookkeeper:	Official Receipt No.:		
Received/Verific	ed:		(bookkeeper)	

Form No.: INT-2526-001 – Donations / Internal Account Forms New Date: 2/12/25