



## PARENT SUPPORT GROUP ORGANIZATION DONATION RECEIPT

Parent Support Group Organization Name \_\_\_\_\_ Date \_\_\_\_\_

### Donor Information

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Phone Number \_\_\_\_\_

Donor Point of Contact Name \_\_\_\_\_

### Donation Information

☐

Monetary Donation

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Goods Donation

Description of Donation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Donation Value \$ \_\_\_\_\_

Donations Restrictions (If applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Donor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name Organization Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date