## **DONATION REQUEST FORM**

My name is		I would like to make a	
0	Monetary Donation of \$		
	(Please check one)		
Pleas	e indicate the campus and campus organization, to	which you would like to design	nate this
dona	tion to:		
Campus:Campus Organiz		ization:	
-	o program or club is selected the Administrator will ity fund will receive the donation.	decide what student or camp Yes	ous No
Dlass	e indicate if you would like to designate this donation		
	ne answer is no the District will use the funds as nec		
choic		essury for the club or program	n oj youi
	e. Ie answer is yes, please briefly explain how you wol	ald like the foundate he areast	
ıj tii	e unswer is yes, pieuse briejty expluiti now you woo	dia like the julius to be spent.	
Dono	or Printed Name:		
Dono	or Signature:	Date:	
Docin	siant Drintad Nama		
кесір	pient Printed Name		
Recip	pient Signature:	Date:	
Indica	ate the following if donation is monetary: Cash:	Check	
		Check Number:	_

<sup>\*</sup>Please make checks payable to Tornillo ISD