

2013 Donation Request Form

Imagine Parents in Partnership



DONATION REQUESTED BY:		DATE SUBMITTED: / /
CONTACT NAME AND TITLE:		
ADDRESS:		
PHONE:	E-MAIL:	
NATURE OF REQUEST:		
REQUESTED ITEM(S) ARE: <input type="checkbox"/> TO REMAIN IN CLASSROOM/SCHOOL <input type="checkbox"/> CONSUMABLE <input type="checkbox"/> OTHER		
TOTAL AMOUNT REQUESTED: \$		
CHECK PAYABLE TO:	APPROVED AT MEETING / /	
COMPANY ADDRESS IF DIFFERENT THAN ABOVE: (Check will be mailed)		
APPROVED BY PRINTED NAME AND TITLE:		SIGNATURE:
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Itemize all costs associated with your request (Example: Mardels – Safety Scissors 30 pair at \$2 each Total \$60) Please attach documentation for expenses to form		
		\$
		\$
		\$
	Shipping and Handling	\$
TOTAL		\$