

# 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 to the PTO Treasurer.

## **PTO Board Use**

PTO Approval: \_\_\_\_\_ Principal Approval: \_\_\_\_\_

Date Statement Sent: \_\_\_\_\_ By: \_\_\_\_\_