



**2017 PARENT FORM**

Please return this form by October 20

**Personal Donation**

Your name: \_\_\_\_\_

Your child's name and teacher: \_\_\_\_\_

I would like to donate an item or service (please describe):

\_\_\_\_\_  
\_\_\_\_\_

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

Please check here if you would like us to pick up your display-ready donation.

**Employer/Business Donation**

Business name: \_\_\_\_\_

Business website: \_\_\_\_\_

Contact's phone number/email: \_\_\_\_\_

Description of the item or service to be donated:

\_\_\_\_\_  
\_\_\_\_\_

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

Please check here if you would like us to pick up your display-ready donation.