

HILLSBORO SCHOOL DISTRICT Donation Form

To be completed on building level and submitted to the Treasurer's Office

Date of Donation: _____

Donation Given By: _____

Amount or Value: _____

Address of Donor: _____

Person (s) Receiving Donation: _____

Building Location: _____

For Purpose of: _____

Do you wish to be recognized _____ YES _____ NO

If yes, How would you like the recognition to be printed on the marker: _____

Signature of Building Principal

Received at Board Office: _____ (please stamp date)

Thank you completed/mailed: _____