PTO Donation Request Form

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| *PTO Name:* |  |
| *Club/Group Name:* |  |
| *Date of Request:* |  |
| *Requestor Name:* |  |
| *Phone Number:* |  |
| *Contact Email:* |  |
| *Requested donation Amount:* |  |
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| *Please describe how the donation will be used.*  *If donation will benefit students directly, please attach a roster of student names to this request:* |  |
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| ***If your donation request is approved, PTO will write a check made payable to the school.*** |

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| Requestor Signature |  | Date |

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| *Community Support Group Decision:* Approved Denied |

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|  |  |  |
| Community Support Group Approval #1 |  | Date |
|  |  |  |
| Community Support Group Approval #2 |  | Date |