

DONATION FORM



Date: _____

Individual / Organization Name: _____

Address: _____

Phone Number: _____

Email: _____

Purpose (name of event or “general donation”):

Item / Amount Donated:

Would the donor like a receipt for tax purposes? Yes / No

Signature of donor:

Signature of PTO representative receiving donation:

Juniata Elementary Parent Teacher Organization (JEPTO)

75 S. 7th Street Mifflintown PA 17059

(717) 436-2111

EIN: 82-5101604

501(c)(3) nonprofit organization

PLEASE TURN IN TO JEPTO TREASURY SO DONATION CAN BE LOGGED AND A RECEIPT CAN BE ISSUED IF NEEDED