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