



MILLBROOK DIGITAL MEDIA ACADEMY DONATION FORM



(please fill out upon submission of a gift and enclose with gift in sealed envelope)

Donor's First Name _____

Donor's Last Name _____

Donor's Company / Organization _____

Phone Number _____

Address _____

City / State _____ Zip _____

Donor's Stated Value of Gift \$ _____

Date Gift was Received _____

Description of gift: (short but accurate information is essential)

-----office use only - please do not write below this line-----

Receipt given/mailed by Academy Coordinator _____

Date gift was logged in treasurer report _____

Ambassador Note _____