

# DONATION FORM



Organization Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Amount of Donation or Value of Donated Items \$ \_\_\_\_\_

Donated Items:

I would like my donation applied toward:

Please make checks payable to: Dayton Board of Education

**Treasurer's Office**  
**[sthornto@daytonpublic.com](mailto:sthornto@daytonpublic.com)**