

\*School Name: \_\_\_\_\_ Event: \_\_\_\_\_

School Address: \_\_\_\_\_

**DONORS: Send your in-kind donations to the school address listed above.  
Do NOT send gifts to The Fund for PPS.**

Donor Name			Donor Phone		
Contact Name <i>(if different than above)</i>			Contact Phone		
Address	City	State	Zip		
Email Address					
Donor Signature:		Date:			

Item Type	Item Name	Fair Market Value (\$)	Enclosed?	Will be mailed by	Requires pick-up by
<input type="checkbox"/> Merchandise			<input type="checkbox"/>	Date:	Date:
<input type="checkbox"/> Gift Certificate/Service			<input type="checkbox"/>	Date:	Date:
<input type="checkbox"/> Cash or Other			<input type="checkbox"/>	Date:	Date:

**Donation Description & Parameters:** Please provide a complete description. Include quantity, size, color etc. Also note restrictions, dates, limitations, location, special instructions & all other pertinent conditions.

**DONORS: KEEP THIS PORTION FOR YOUR RECORDS!**



The Fund for PPS is a 501(c)(3) nonprofit organization fundraising on behalf of PPS. The Fund for PPS also supports and provides fiscal oversight for the Local School Foundations who are unified under our 501(c)(3). **Send your in-kind gifts to the school listed above. Do NOT mail in-kind donations to The Fund for PPS.**

Donor Name:		Donation Date:	
School Name:		Event:	
LSF Contact Name:		LSF Contact Email:	
List Donated Items and donor-stated Fair Market Value (\$):			

Thank you for your support! Tax ID# 84-2040549