



Donation Form

Please complete this form and turn it in to the school office with your donation. We appreciate your support!

Name	Date	Phone Number	Email
Street Address		City	State Zip

Total Donation Amount \$	Payment Method (check one) <input type="checkbox"/> Check <input type="checkbox"/> Cash
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I would like my donation to be used for the following purposes:

(If you would like to divide your donation between different categories, please designate the amounts below)

Check here	Donation Category	Description	Donation Amount
<input type="checkbox"/>	School Account	Donations used as needed to meet the needs of students and teachers in the school.	\$
<input type="checkbox"/>	Technology	Donations used to purchase technology devices and/or supplies.	\$
<input type="checkbox"/>	Media Center	Donations used to purchase library books, supplies, and devices like e-readers.	\$

Receipt

Thank you! Alturas International Academy is very grateful for your generous gift of \$_____.

Your charitable donation will help provide our students and teachers with resources that would not be possible without support from people like you. Thank you again for choosing Alturas International Academy.

Alturas Official's Name (print)

Alturas Official's Signature

Date

Please retain this receipt for your records. Please be advised that as a charter school in the state of Idaho, we are tax exempt under Section 501(c)(3) and 170(c)(1), and your donation could be eligible for a tax credit or deduction.

OFFICE STAFF: Please verify the donation, make a copy of this form, retain it for school records, and give the original form back to the donor.