Double Knob Mentors

# Gilmer County Board of Education Receipt of Donation Form

**Date: \_\_\_\_\_\_\_\_**

**School: Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Donation Received Form:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Amount of Donation Received$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Type: Cash Check#\_\_\_\_\_\_\_\_

# Note: Please describe the type of donation you are making, and, if applicable, the way in which you intend it to be used. If specific funds or projects are not designated, the Principal will have authority to allocatefunds.

# Signature ofDonor:

**School AcceptanceSignature:**

**PrincipalSignature: \_**

**If applicable:**

 I wish to remain anonymous - please do not publicly acknowledge my donation.

\*\* This form may be used for tax purposes.

Gilmer County Board of Education 134 Industrial Blvd. Ellijay, GA 30540

 Federal Tax ID#58-60000247