

SPENCER PTA

Donation Request Form

Date: ____/____/____

Organization Name: _____

Organization URL: _____

Address: _____

City: _____ State: _____ Zip: _____

Student Contact Name: _____

Advisor Name: _____

Contact Email: _____

Contact Phone: _____

Describe how your organization helps the school community:

Requested Donation Amount: _____

*Donations over \$100 require a representative to attend the monthly PTA meeting

Describe how the donation will be used to help the school community:

Date decision is need by: ____/____/____

Please return the completed form to the PTA mailbox in the elementary office or bring to the PTA meeting if requesting over \$100. Requestors must provide volunteer hours or be members of the PTA. Membership and volunteer hours are down and the PTA cannot continue to grant donations without your support. PTA membership is just \$6 and you do not need to attend all the meetings.