

Glenview Public Schools
District 34

Lyon/Pleasant Ridge Benefit Donation Form

Donor's Name: _____

Business Name (if applicable): _____

Address: _____ City: _____

Phone: _____ Fax: _____

Donated By (as it should appear in the program):

I am happy to donate the following:

Please include a detailed description, including any restrictions, expirations, seat locations, and special comments relative to your donation.

Value \$ _____

- Gift Certificate
- Visual display to be provided by donor
- Anonymous donation
- Committee to pick up donation
- Donor will deliver donation

Donor's Signature

Date

State I.D. E9989-1281-03

Committee Use:
Date Received: _____
Thank you: _____
Item Number: _____