

**Whitnall School District  
Tax-Free Donation Form**

(If you would prefer to fill out a digital form, please [click](#) here and your information will be submitted to the Director of Business Services)

**Name of Individual or Organization:** \_\_\_\_\_

\_\_\_ Please check if you wish to remain an anonymous when recognized by the Board of Education at a public meeting

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

**Item Donated and Value:** \_\_\_\_\_

**Donated \$ Amount:** \_\_\_\_\_

**Please describe how you would like the funds used.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If the funds are not completely exhausted through the originally intended use as stated above, how would you like Whitnall School District to proceed? Please put an "X" next to the appropriate statement.**

\_\_\_ Please reach out to \_\_\_\_\_ at \_\_\_\_\_  
(Name) (Contact Info)

to best determine how we would like Whitnall School District to expend the remainder of the funds.

\_\_\_ Whitnall School District has my/our permission to expend the funds as they see best within their organizational and educational vision.

**Thank you for your generous donation to Whitnall School District!**

**Business Office Use Only:**

Funds Received? \_\_\_ Yes \_\_\_ No

Account Code: \_\_\_\_\_

Subject to Board Approval? \_\_\_ Yes \_\_\_ No Date Approved: \_\_\_\_\_

Director of Business Services Signature: \_\_\_\_\_