

# Donation Form

(Monetary: Cash / Check)

## Rock Ridge Public Schools ISD No. 2909

### Donor Information:

INDIVIDUAL'S NAME	BUSINESS NAME
STREET ADDRESS	EMAIL (optional)
CITY, STATE, ZIP	PHONE

Please keep the donation confidential.

Please mail a tax receipt.

### Donation Description:

CHECK ONE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK		
AMOUNT / DESCRIPTION	CHECK #	DATE
RECIPIENT OF DONATION (SCHOOL, ATHLETIC PROGRAM, ORGANIZATION / GROUP, ETC.)		
NOTES (IN HONOR OR MEMORY OF, ETC.)		



### Contact and Mailing Information:

#### Rock Ridge Public Schools

District Office  
411 5<sup>th</sup> Ave S  
Virginia, MN 55792  
(218) 742-3900

[www.rpps.org](http://www.rpps.org)

*Thank you for your generous donation!*

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### For District Use Only

This form is to be completed in its entirety after consulting with a Principal / Assistant Principal / Superintendent prior to acting upon any donation. Completed form can be turned into the District Office for board approval.

Form submitted by: \_\_\_\_\_

CIRCLE ONE: Consulted with Principal / Assistant Principal / Superintendent

Signature of Person Consulted: \_\_\_\_\_ Date: \_\_\_\_\_

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

Accepted by the Rock Ridge Board of Education on \_\_\_\_\_ Date \_\_\_\_\_ by Resolution # \_\_\_\_\_.