

# Community Support Group Donation Request Form

Community Support Group Name: \_\_\_\_\_  
Requesting Club/Group Name: \_\_\_\_\_  
Date of Request: \_\_\_\_\_  
Requestor Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Requested donation Amount: \_\_\_\_\_

Please describe how the donation will be used. \_\_\_\_\_

If donation will benefit students directly, please attach a roster of student names to this request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If your donation request is approved, PTO will write a check made payable to the school.**

\_\_\_\_\_  
Requestor Signature Date

---

Community Support Group Decision: Approved Denied

\_\_\_\_\_  
Community Support Group Approval #1 Date

\_\_\_\_\_  
Community Support Group Approval #2 Date