

Franklin Elementary PTA

Donation Request

Return to the PTA Mailbox

Date Submitted _____

Organization's Name: _____

Person Making Request: _____ Phone # _____

Franklin PTA Member? Yes No

Brief description of request (please include any educational benefit):

Items to be purchased: _____

Dollar amount of request: \$ _____ Date funds needed: _____

Check to be made out to: _____

Please Note: Donation requests will be considered by the PTA Board and are voted on during the monthly PTA meetings which occur on the 2nd Wednesday of every month at 6:30 pm. It is highly recommended that the person who is seeking a donation be present to offer information and answer any questions regarding the donation. All requests are reviewed on a first come, first serve basis.

Approved Date: _____ Check #: _____ Amount: _____

Not Approved Reason: _____

Treasurer's Signature: _____

President's Signature: _____