

APEX ELEMENTARY PTA
PROJECT
Sponsor
PROGRAM

Sponsor Name _____
(Leave blank if you wish to be anonymous)

Teacher Request ID Number _____
(Record the Teacher Request ID Number listed on the Website.)

Description of Donation:

Identify any Requirements or Stipulations for Use of Donation:

Submitted to PTA on date: _____

Please print, complete and send to:
Apex Elementary PTA , 700 Tingen Rd., Apex, NC 27503, Attn: Donor Coordinator
Make checks payable to Apex Elementary PTA.

FOR OFFICE USE:

Donor Form Received By: _____ Date: _____

Date Submitted Donation Entered into Donation Database: _____

Date Donor Tax / Thank You Letter Sent: _____

Date Donation Deposited _____