



Donor Form

Springer Elementary School

1120 Rose Avenue

Mountain View, CA 940

Tel: 650-943-4200 www.springerschool.net

Deadline for Donations: February 1, 2008

TAX ID #: 94-6174514

Donor/Business Name _____

Contact Person _____

Phone _____

Email address _____

Address _____

Website _____

City _____ State _____ Zip _____

Donor's relationship to Springer: _____ Alum Staff Friend Community Business

Solicitor's name _____ Phone _____

Item Description

Please print complete description of your donated item

Please check relevant box:

This form acts as a GIFT CERTIFICATE. **Exp. Date** ___/___/___

Retail value per item \$ _____

Donated item accompanies form

Donor will deliver donation to school by February 1, 2008

Number of items donated _____

Please arrange for pick up by calling _____

Donor's signature Date