

Santa Cruz Montessori School Donation Form

Please complete the following form when making a donation of in-kind goods and/or services. This form may also be used when making unsolicited cash donations. SCMS wants to ensure that all of the people who donate to our school are recognized for their generosity.

Name:		Relationship to SCMS <i>Family, Friend, Grandparent, etc.</i>
Address:		
Telephone:		
e-mail:		

Do you wish your generous gift to be donated to a specific classroom or program? Yes No
If yes, which classroom _____

Do you wish your gift to be anonymous? Yes No

Description of Gift	Value	Date Donated

for office use only:

Entered by:		Date:	
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