

**Independent School District 271
Bloomington Public Schools
Donations**

Date: _____

School: _____

From: _____

Amount: _____

.....

Explanation of Donation: (describe what will these funds be used for, specifically)

.....

Acknowledgement May Be Made To:

ATTN: (name): _____ *****Must Provide Name of Person*****

Name of Company (if applicable): _____

Address: _____

City, State, and Zip: _____

.....

Budget Code to Deposit Into: _____

Please Attach A Copy Of:

_____ **Check**

_____ **Correspondence**

Principal's Signature

Please Send to the Business Office at ESC, Attn: Laurie Henning-Johnson