



MAPLE STREET SCHOOL

322 Maple Street, Manchester Center, VT 05255

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www.maplestreetsschool.com

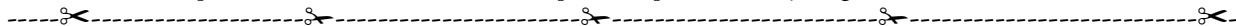
DONOR RECEIPT

Name/Business: _____

Item or Service Donated: _____

Maple Street School will send an acknowledgement of your donation, which may be used for tax purposes. Thank you for contributing to our Scholarship Fund. Your donation was taken on behalf of Maple Street School by: _____

Maple Street School is a 501(c)(3) non-profit corporation and your gift will be tax deductible.



SCHOLARSHIP FUND DONATION PLEDGE FORM

Please return completed form to Maple Street School, 322 Maple Street, Manchester, VT 05255

Donor Name/Business Name: _____

Item or Service Pledged: _____

Approximate Value: _____

Donor Contact Name: _____

Complete Mailing Address: _____

Telephone: _____ E-mail: _____

Website: _____

Solicitor Note: Please request from the donor anything which can be used to better display services and give the donor visible recognition (i.e. business card, menu, brochure, poster.)

Name of Solicitor: _____

Item Received? (*Please circle and fill in*)

YES. Given to: _____

NO. Item may be picked up on: _____ Where?: _____

For Office Use Only:

Needs Display Flyer

Needs MSS Gift Certificate

Category: _____