

Creek Valley PTA In-Kind Product Donation Request Form

Your Name: _____ Today's Date: _____

Your phone/email: _____

PRODUCT DONATION REQUEST DETAILS:

1. Product Requested: _____

2. Quantity Needed: _____

3. Purpose of Donation/How will product be used (supplies, prize, etc.):

4. Who will benefit: _____

5. Has similar product been donated to CV before? If so, by whom and when?

6. Are there additional CV teachers in your grade that would be interested in seeking a similar donation? If yes, please coordinate your requests into one.

7. Ship to/Deliver to: _____

Next Steps:

a) Please allow 30 days for a response.

b) Please send this form, additional, supporting documents or any questions to Sarah Miller and Motria Ramos, Grant/Donations co-Chairs, at cvgrantsanddonations@gmail.com

For PTA Records and Administrative Use

Donation Granted: _____ Donation Declined: _____

Amount Received: _____ Monetary Value: _____

Sponsoring Business/Organization: _____