



# CORNERSTONE ACADEMY PTO DONATION RECEIPT

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

## DONOR INFORMATION

Company Name: \_\_\_\_\_ Phone: (            ) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CONTACT INFORMATION

Contact Name: \_\_\_\_\_ Phone: (            ) \_\_\_\_\_

## INFORMATION PERTAINING TO DONATIONS

Name of Items: \_\_\_\_\_

Donor's Estimated Value: \$ \_\_\_\_\_

Describe additional details of donation if necessary (restrictions, sizes, colors, etc):

\_\_\_\_\_

\_\_\_\_\_

Signature of Donor: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email this form to [cornerstoneacademypto@gmail.com](mailto:cornerstoneacademypto@gmail.com) and we will sign and return.**

*This form, when signed below by an officer of the Cornerstone Academy PTO (CAPTO), will serve as your receipt. Your CAPTO is a federally recognized section 501(c)(3) tax-exempt organization. Values of donated items have been set by the donor and not verified by Cornerstone Academy PTO. We have not provided you with any goods or services in exchange for your donation.*

CAPTO Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EIN** 82-1768656

You can also find this form online for submission at