

Donation Receipt Request Form

Please print

School: _____

Purpose of Donation: _____

Donation Amount: _____

Date: _____

Payment Method: Cash Cheque Online Receipt #: _____
(circle one)

Donor Name: _____

Donor Address: _____

 Street _____

 City, Province _____

 Postal Code _____

Student Name: _____
(if applicable)

Please note: ineligible or incomplete forms will not be processed

Information will be used to issue charitable donation receipts, for legislative compliance and administration. For additional information, please contact the Manager of Accounting at donations@hdsb.ca or for privacy specific questions, please contact the Records Manager at privacy@hdsb.ca.

Donor Signature _____

For Office Use: _____

Donation Received By _____

Deposit Reference Number _____