



Wellington Exempted Village Schools Donation Form

Date Received:

Received By:

Name of Donor:

Organization:

Address:

City/State/Zip Code:

Email:

Office Phone:

Cell Phone:

Donation Amount: \$

Form: Cash Check Check #:

Other: Estimated Value: \$

Donation is to be applied to:

Please keep my donation confidential

I have attached a copy of the check or evidence of any cash donation received.