

Colchester School District

Cash Donation Form

(To be completed by the donor)

I/we would like to make a cash donation of \$_____ to the Colchester School District.

I/we would like my/our donation to be directed as follows (*check one*):

☐ Unrestricted Funds (wherever the need is greatest as determined by the Superintendent)

☐ Specific School Identified Below:

School _____

Department/Class _____

I/we would like to make my/our donation (*check one*):

☐ In Honor of _____

☐ In Memory of _____

☐ Neither of the above.

Special intent/instructions for this cash donation:

Fiscal Year-End Intentions (*check one*):

☐ If there are unspent funds from my/our cash donation at the School District's fiscal year-end, June 30, it would be my/our intent to have the funds carry over to the next fiscal year to be used for the same intent as outlined above.

☐ I/we wish for any unspent funds from my/our cash donation at the School District's fiscal year-end, June 30, to be absorbed into the general fund of the school district.

Donor Information:

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other _____

Name _____

Spouse's Name (if joint donation) _____

Company (if applicable) _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Phone _____ ☐ Home ☐ Business

Connection to Colchester School District:

☐ Alumnus/Alumna Class of _____

☐ Parent or Guardian Name of Student _____ Class of _____

☐ Other Family Member Name of Student _____ Class of _____

☐ Friend or Community Member

☐ Current or Former Faculty/Staff

☐ Local Business

Payment Plan:

☐ I/we will mail a check for the full amount of the donation upon notification of acceptance.

☐ This is a pledge only.

Upon acceptance, I/we will make pledge payments of \$ _____ ☐ Quarterly ☐ Monthly