

# Blaine High School Culminating Project

## Verification of Charitable Contribution

**Student's Name:** \_\_\_\_\_

**Recipient (Organization) Name:** \_\_\_\_\_

**Representative's Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Brief explanation of how funds were raised: (to be written by student)**

**Amount of donation: \$** \_\_\_\_\_

**I certify that the amount listed above was received by our organization.**

**Representative's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_