

MOLALLA HIGH SCHOOL ATHLETICS DONATION

Please email this completed form to freshoud@molalla.k12.or.us

Date: _____

Donation is for which team: _____

Amount: \$_____

From (Donor): _____

Address: _____

City-State-Zip: _____

Contact Phone: _____

Email: _____

☐

I would like a receipt sent to the email/address above. (please check the box)

Thank you for supporting Molalla High School Athletics. Your generous donation is sincerely appreciated.

Accounting use only

☐

Team credited

Date: _____

☐

Receipt issued

Date: _____ (if requested)