

DONATION ENTRY FORM

Name of Student/Business:

If Business, address please: _____

E-Mail Address: _____

Description of Donation: _____

Retail Value of Donation: _____

Prize Level (For SHSMBA Use) _____

Name of Basket (For SHSMBA Use) _____

A donation that is worth \$100 or more qualifies for a credit towards the 2015-2016 Student Trip Fund Raising Pot. If so, please fill in information below:

Name of SHS Music Program Student to be credited:
