

# DONATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ITEM DONATED \_\_\_\_\_

ESTIMATED VALUE \_\_\_\_\_

CASH DONATION \_\_\_\_\_

**Make checks payable to MCS.**

Donations must be received by Wednesday, October 16 to be acknowledged at the event.

Acknowledgement Name \_\_\_\_\_

**MONTESSORI CHILDREN'S SCHOOLHOUSE**

[mcs@meshammond.com](mailto:mcs@meshammond.com)

(219) 932-5666

FEDERAL I.D. NUMBER: 351151283

**MAILING ADDRESS:**

**MONTESSORI CHILDREN'S SCHOOLHOUSE**

**5935 Hohman Avenue**

**Hammond, Indiana 46320**