



# Lakehead Public Schools

## REQUEST FOR OFFICIAL TAX RECEIPT

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

ISSUE RECEIPT TO: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

DESCRIPTION OF DONATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VALUE OF DONATION: \_\_\_\_\_ (minimum \$25.00)

TYPE OF DONATION:  Monetary  Non-Monetary

How was value of non-monetary donation determined (attach document)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHOOL: \_\_\_\_\_

PRINCIPAL'S SIGNATURE: \_\_\_\_\_