Addison PTA Tax Receipt

INFORMATION TO BE COMPLETED BY DONOR:

Name:_____ Date:_____
Address:_____
City:_____ State:_____ Zip:_____
Phone:_____

Donated Amount: $_____

Addison PTA acknowledges that no goods or services were provided by the donor in exchange for, or as a result of this donation.

addisonptafunds@gmail.com https://addison.paloaltopta.org/ Tax ID#: 94-6171181