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RECEIPT OF DONATIONS/FUNDRAISING/GRANTS/IN-KIND DONATIONS

Received From:	Date:
Contact Information:	
Description of Gift/Donation:	
Dollar Value: \$	Check Number:
Reason for Donation:	

Please be aware all gift/donations are Non-Refundable

***Parent/Guardian *Signature** _____ **Date** _____

Funds to be used for (check one)

<input type="checkbox"/>	General Purpose - School
<input type="checkbox"/>	Learning Center Supplies – General
<input type="checkbox"/>	Learning Center Supplies – Instructional
<input type="checkbox"/>	Enrichment Programs/Field Trips
<input type="checkbox"/>	Graduation
<input type="checkbox"/>	Other-Please specify use:
<input type="checkbox"/>	

For Office Use Only

Received by _____

Date _____

Governing Council Acknowledgement

Date _____

- FP**
 FP Admin
 FP SOL
 FP SM Mont
 FP Orcutt
 FP SLO
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Thank you for your generosity!

Family Partnership Home Study Charter School is a 501(c)(3) non-profit corporation. Your donation may be tax deductible; please check with your tax advisor.