



# Gift Card Donation

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

Donation From (student): \_\_\_\_\_

Event or Purpose of Donation: \_\_\_\_\_

Type of Gift Card: \_\_\_\_\_ Card # \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Other Information: \_\_\_\_\_

- Parents please complete information above.

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## APPROVALS

Action:  Confirmed Amount

Other: \_\_\_\_\_

Notes: \_\_\_\_\_

**P4A Board member receiving gift card:**

**Financial Secretary:**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*