Inspire. Give. Grow.

The Anchorage Waldorf School
Awakening Wonder

Donation Form

Name: _____ Date_____

Contact Person (if different than above): _____Phone: _____

Address: _____ City / State / Zip: _____

E-mail: _____

Yes, here's how I'd like to participate:

☐ **I would like to donate funds, an item or service:** *(Describe donation in detail. Include size, color, and number of people, etc. to ensure full understanding of the item. Attach an additional page if needed. Include a brochure, photo, or other information, if available.)*

Please indicate limitations, restrictions, blackout dates, and expiration date:

_____

_____

Fair market value of item: $ _____

Please indicate how you would like to deliver your donation:

- ☐ My donation is included with this form
- ☐ Please pickup my donation at my place of business
- ☐ I will mail or deliver my donation to the school at the address listed below

Signature of Donor: _____**Date:**_____