



Donation Form

Donor Information

| | |
|----------------------------|----------------------------------|
| BUSINESS/ORGANIZATION NAME | CONTACT NAME (LAST, FIRST, M.I.) |
| STREET ADDRESS | CONTACT EMAIL |
| CITY, STATE, ZIP | CONTACT PHONE |
| WEBSITE | ALTERNATE PHONE |

Donation Description

| | |
|--|------|
| CHECK ONE: <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT <input type="checkbox"/> CHECK <input type="checkbox"/> PRODUCT / ITEM <input type="checkbox"/> OTHER If paying by check, please make checks payable to Marquardt School District 15 and if paying by credit card, please call Mary Ellen Graf (contact information below) to make payment over the phone. | |
| AMOUNT/DESCRIPTION (tax deductible) | DATE |

Contact Information

Marquardt School District 15

1860 N. Glen Ellyn Road
Glendale Heights, IL 60139

www.d15.us

Mary Ellen Graf

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