

Name of Donor: \_\_\_\_\_

Organization or Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Description of Donation: \_\_\_\_\_

Value of Donation: \_\_\_\_\_

Date of Donation: \_\_\_\_\_

Burns Park Elementary PTO Taxpayer ID: **38-2158704**

This certifies that the above named person and/or organization donated the above item and received no money or services in exchange for such donation.

Dated: \_\_\_\_\_

\_\_\_\_\_  
PTO Officer or Committee Chairperson

Thank you very much for your donation!