



ARCADE MIDDLE SCHOOL PARENT-TEACHER ORGANIZATION

3500 Edison Ave., Sacramento, CA 95821

DONATION REQUEST & RECEIPT

Dear: _____ Donor Name/s)

On behalf of our Theatre Student Club, which is preparing Arcade’s first musical production in over 20 years – Disney’s *Beauty & the Beast* – we are requesting donations of **Meals & Refreshments (pizzas, casseroles, baked goods, candy, sodas & water)** to support the cast and to raise much needed funds.

If you are able to donate, fresh items will be picked up from your location, **during the week of May 1, 2017,** at a time convenient for you or for non-perishable items, we can collect your donation at any time prior to May 1, 2017. Please note the top portion of this letter will serve as your receipt.

Please indicate the item/s, quantity donated and preferred pick up time on the very bottom portion of this form. Our volunteers will use these slips to coordinate the donation pick-ups.

Thank you for supporting Arcade Middle School PTO and the Arcade Theatre Club!

RECEIPT FOR DONATION

___ **Cash contribution \$** _____

___ **In-kind non-cash items*** – _____

** Value set by Donor. IRS regulations prohibit charitable organizations from establishing or affirming the value of non-cash contributions.*

Your contributions are most appreciated toward our mission of supporting a well-rounded curriculum at Arcade Middle School. We are proud to share the joy of theater with our school and community, provide performing arts education and encourage patronship of the arts.

Arcade Middle School Parent-Teacher Organization is a charitable nonprofit organization as described in Section 501(c)(3) of the Internal Revenue Code, with tax exemption status provided by the IRS and the California Franchise Tax Board. For your records, the EIN for the organization is 27-2409485.

Authorized by: , Date: March 2017
Fundraising Advisor, Arcade Theatre Club
Board Member, Arcade Middle School PTO

DETACH FOR DONATION PICK-UP

Donor: _____ Address: _____

PICK-UP: Week of May 1-6, 2017 Preferred PU Time: _____ Contact Name: _____

Donated Item/s Description:	Quantity
_____	_____
_____	_____
_____	_____