

**Donation Record** ★ Phone: 843.300.4188 ★ Fax: 843.300.4123 ★ Tax ID# 26-4450679

7499 Dorchester Road, North Charleston, SC 29418 ★ [www.palmettoscholarsacademy.org](http://www.palmettoscholarsacademy.org)



Item # **Please fill out all applicable fields, leave blank if not applicable.**

Donor Name(s): \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Person to contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street address where item may be claimed: \_\_\_\_\_

Type of Donation:  Gift Certificate  Advertisement  Gift Item  Sponsorship  Service

Donor Code (s):  Parent  Business / Friend  Faculty  Alum  Student  \_\_\_\_\_

Estimated Value \$: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PSA Representative: \_\_\_\_\_ Received Date: \_\_\_\_\_

Solicited By: \_\_\_\_\_ Telephone: \_\_\_\_\_

Student Name/Grade: \_\_\_\_\_ Telephone: \_\_\_\_\_

Follow-up:  Item received  Need pick-up  Will be delivered  
 Acknowledgement Sent  Thank You letter  Master file