



Donation Form

Donor Information

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (work) _____ Fax _____

Email _____

Donor Information

I (we) donate a total of \$ _____.

Gift will be matched by _____ (company/family/foundation).

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

Signature(s) _____

Date _____

Please make your tax deductible donation payable to:

The Akron Public Schools, c/o Community Relations Office
70 North Broadway Avenue
Akron, Ohio 44308-1999

Please include "AkronReads" on the memo line of your check.