



Donation Receipt

Campus or Department: _____

Name of Donor: _____

Date of Donation: _____

Amount of Donation: _____

Explanation of Donation: _____

(Example: cash, gift card, tangible property)

Tioga ISD Administration

Signature: _____ Date: _____

Donor Signature: _____ Date: _____

Specific request for donation (if applicable):

Notes:

Thank you for your generous support to TISD!

TIOGA INDEPENDENT SCHOOL DISTRICT

PO Box 159

Tioga, TX 76271

(940) 202-2536