



ROSCOMMON AREA PUBLIC SCHOOLS

Voluntary Donation Form

DONOR INFORMATION

NAME / BUSINESS NAME	EMAIL
STREET ADDRESS	PHONE
CITY, STATE, ZIP	ALTERNATE PHONE

DONATION DESCRIPTION

Please check one of the following:

<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK MUST be made out to: <u>Roscommon Area Public Schools or RAPS</u>
DATE DONATED ____/____/____	AMOUNT DONATED \$ _____

PLEASE IDENTIFY THE PURPOSE OF VOLUNTARY DONATION **(REQUIRED)** *

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*Roscommon Area Public Schools cannot guarantee the use of the funds as desired by the donor, these funds will become public funds and cannot be used for any illegal purpose, and the district is not obligated to return the funds if they cannot be used in accordance with the donor's purpose.

CONTACT INFORMATION

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Thank you for your donation to Roscommon Area Public Schools and its Students!