

WIS PTO PHILANTHROPY REQUEST FORM

Please provide as much detailed information as possible (manufacturer, model, pricing, etc.) Whenever possible, please provide a photo, picture, brochure, catalog or sample.

SUBMITTED BY: _____

DATE: _____

REQUEST:

PURPOSE:

COST/PRICING INFORMATION: (**2 quotes for comparison plus shipping/handling; relevant insurance or service contract costs if applicable)

If we need to contact you for further information, what is the best way?

_____ Cell
_____ E-mail

Review/Approvals:

Patricia Falber:

Date: ____

Philanthropy:

Date: ____

Exec. Board:

Date: ____

General Board:

Date: ____

Board of Ed Notification:

Date: ____