

Lavina K-12 Schools Donation Form

Support Our Students • Strengthen Our School • Build Our Future

Thank you for your interest in supporting Lavina K-12 Schools! Your generosity helps us provide high-quality education, extracurricular opportunities, and classroom resources for our students. Please complete the form below to let us know how you would like to contribute.

Donor Information

- **Full Name:** _____
 - **Organization (if applicable):** _____
 - **Mailing Address:** _____
 - **City, State, Zip:** _____
 - **Phone Number:** _____
 - **Email Address:** _____
-

Donation Type (Check all that apply):

☐ **Monetary Contribution**

Amount: \$ _____

☐ **Specific Purpose (optional):**

- ___ Classroom Supplies
- ___ Technology
- ___ Athletics
- ___ Music & Arts
- ___ Library/Books
- ___ General Fund
- ___ Other: _____

☐ **In-Kind Donation** (goods or services):

Description: _____

Estimated Value: \$ _____

☐ **Memorial or Tribute Gift**

In Honor/Memory of: _____

(Optional) Please notify the following person of this gift:

Name: _____ Address: _____

Payment Options

☐ **Check Enclosed** (Payable to *Lavina School*)

☐ **Cash (in-person only)**

Visit: <https://www.lavinapublicschools.org> and click on "Donate"

Acknowledgment & Recognition

☐ I would like my donation to remain anonymous

☐ You may recognize my name in school communications

Signature: _____

Date: _____

Mail or Drop Off Form To:

Lavina K-12 Schools

P.O. Box 158

Lavina, MT 59046

Phone: (406) 636-2211

Questions? Contact the school office or email: nhanson@lavinapublicschools.com