

KEEP THE BALL ROLLING 2021

Drug & Alcohol-Free After the Senior Ball Party for Baker HS Seniors Saturday, June 12th from 10:30 pm – 2:30 am at Baker High School

Donation Form

| *Contact/Donor Name | | | |
|----------------------------|------------------------------|-----------------------------|---|
| *Organization Name: | *Please list your na | ame(s) exactly as you would | like it to appear for recognition purposes. |
| | | | |
| City: | | State: | Zip: |
| Telephone Number: | | Cell: | |
| E-mail Address: | | | |
| Attached is my c | donation of \$ | (make che | cks payable to Baker High School PTSA |
| Enclosed is my c | lonated gift card(s) / Certi | ificate(s) in the amount o | f \$ |
| I would like to d | onate | | with a value of \$ |
| □ I would like my o | donation item to be picke | d up. | |
| Mail completed fo | rm to: | | |
| | Baker High School PTSA | | |
| | Attn: Treasu | | |
| | 29 E Oneida Baldwingville | | |
| | Baldwinsville | c, IN I 13027 | |
| For KBR Commit | ttee Use Only: | | |
| Date Logged into Database: | | In | itials: |
| | p / Received Donation: | | Initials: |