



Donation Form

Donor: _____

Contact: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-Mail: _____

Donor Signature (for multi-year pledge) : _____

Gift Amount: _____ Date of Gift: _____

Gift Type:

_____ Cash/Check

_____ Pledge (Amount per year \$ _____ Number of years _____)

_____ Stock

_____ Gift In-Kind (Description: _____)

_____ Memorial Gift (In memory of: _____)

_____ Corporate Match (Company name _____ Match amount \$ _____)

Designated use (optional): _____

Please forward this form along with your donation to:

Attn: Lora Hayes, Executive Director

TeamMates Mentoring Program of Sioux Falls

Instructional Planning Center

201 E 38th Street

Sioux Falls, SD 57105

605-367-4483

lora.hayes@k12.sd.us

Thank you for your donation to Sioux Falls TeamMates