



**Friends of Wilson Preschool Giraffe
Donation Submittal Form**

Please return this form and your donation to the black mailbox in the Central Area by **March 30, 2018..**

DONATION DETAILS

Donation Title _____ **Value** _____

Description _____

YOUR CONTACT INFORMATION

Name _____

Email _____ **Phone** _____

Wilson Preschool class (e.g. Amanda's 4's) _____

IF YOUR DONATION IS FROM A BUSINESS, PLEASE PROVIDE THE FOLLOWING DETAILS:

Company name _____

Contact _____

Email _____ **Phone** _____

Address _____

City _____ **State** _____ **Zip code** _____
