

**Angel Fund: Donation Form**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Enclosed is my tax-deductible gift of \$ \_\_\_\_\_

I would like my anonymous donation applied toward (please check one):

Family meal accounts in need according to the Chariton Community School District

The following families: Please print first and last names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please make donations payable to:**

Chariton Community School District

Nutrition Fund

Mail to: PO Box 738, Chariton, IA 50049

**Angel Fund: Donation Receipt from Chariton Community School District**

Donor Name	
Address	
City/State/Zip	
Phone	
Type of donation	
Total amount	

*Thank you for your generous support to feed our students!*

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