2018-19 School Foundation Check Deposit Form

School Name:

all hands raised
Education, Equity and Excellence from Cradle to Career

First Name	Last Name	First Name	Last Name	Address (if different from check)	Email Address	Check #	Check Date	Amount	Tax-ded amt	Fundraising Event Name
						TOTAL:				

Chair/Treasurer Signature: **Chair/Treasurer Printed Name:**

Phone:

For AHR use:
Date: **Received by:**

t 503-234-5404 www.allhandsraised.org 2069 NE Hoyt Street, Portland, OR 97232

All Hands Raised provides fiscal oversight and program management services for the Portland Public Schools Foundation.