School Foundation **Check Deposit Form**

School Name:

Portland Public Schools Foundation
a division of all hands raised

First Name	Last Name	First Name	Last Name	Address (if different from check)	Email Address	Check #	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