

**CPHS SENIOR FASHION SHOW  
DONATION FORM**

**PLEASE PRINT:**

NAME/BUSINESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**DONATION INFORMATION:**

THIS ACKNOWLEDGES THAT \_\_\_\_\_

IS DONATING \$\_\_\_\_\_ (VALUE) AS A GIFT TO CLIFFSIDE PARK HIGH SCHOOL

SENIOR FASHION SHOW 2019 IN THE FOLLOWING FORM:

**DONATION TYPE (PLEASE CHECK THE TYPE):**

- CHECK     GIFT CERTIFICATE/CARD     RAFFLE BASKET     GIFT ITEM

DONATION AMOUNT/VALUE: \_\_\_\_\_

**TAX IDENTIFICATION NUMBER IS 46-0911380**

**PLEASE MAKE CHECKS PAYABLE TO: CPHS PTSO**

**PLEASE RETURN THIS LETTER TO:**

64 RIVERVIEW AVENUE

CLIFFSIDE PARK, NJ 07010

ATTN: LeeAnn Papadoupalos and Fran Stomber