AVOCA SCHOOL DISTRICT NO. 37 VIKING FUND DONATION FORM

Name _				Phone	
Address	<u> </u>				
Viking	; Fund Donat	ion		Amount	
	School District you for your su		ed a charita	ble organization for ta	ax purposes.
Method	of Payment (Plea	ase select one)			
Cash	Check#	MasterCard	Visa	Discover Card	
Credit/E		ents (Additional Serv	vice Fee of 3.5	6% will be charged for c	edit and debi
Account	Number				_
Name on the account			Expira	tion Date/	
Amount	to be charged	\$			
Signatur	e of card holder_				