



Matching Donation Designation Form

This form is intended for ISLA donors whose companies will match gifts to the school, but not to the PTO. If you are making a donation to ISLA and your company will match the donation, this form will allow you to specify how your donation will be used. Please return this form to the ISLA office, fax to 952-746-6023, or email to esmith@islacad.org.

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Amount of your donation (not including match): \$ _____

Name of the company matching the donation: _____

Donation will be matched:

Dollar for dollar (ie donor gives \$100 and company gives \$100)

Two to one (ie donor gives \$100 and company gives \$200)

Other

I would like my donation to ISLA to be ear-marked for the following program:

Teaching Assistant (TA) Program

Extra curricular activities

Technology

Other (please specify): _____

Signature

Date