



# Community Foundation

LORAIN COUNTY

## School Endowment Transmittal

**PLEASE PRINT CLEARLY**

School District \_\_\_\_\_

Date \_\_\_\_\_

Submitter \_\_\_\_\_

Phone \_\_\_\_\_

**PART A: CONTRIBUTIONS**

Fund Name	Amount	Check Number	Donor – legal name(s) as printed on check	In Honor or Memory	Name of person to be Honored (living) or Memorialized (deceased)
		<b>Subtotal Part A</b>			

**PART B: PROCEEDS (raffles, other fundraising, return of unexpended funds, etc.)**

Fund Name	Amount	Check Number	Donor – legal name(s) as printed on check	In Honor or Memory	Name of person to be Honored (living) or Memorialized (deceased)
		<b>Subtotal Part B</b>			

	<b>TOTAL TRANSMITTAL</b>		<b>Number of Enclosures</b>
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Receipt of the above described property under the terms of the established School Agreement is hereby acknowledged.

Community Foundation Date \_\_\_\_\_

By \_\_\_\_\_

Please retain the bottom copy for your records and submit the top two (2) copies to the Community Foundation of Lorain County, 9080 Leavitt Rd., Elyria, OH 44035 A signed copy will be returned to you.