



**Leland High School
Parent Club**

Donation Receipt
www.lelandparentclub.com

Date _____

Donor Name or Business: _____

If business, contact Person: _____

Donor Address: _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Cash Donation - Amount \$ _____

Item Donation - Value \$ _____

Service Donation - Value \$ _____

Other - Value \$ _____

Donation made to:

Leland Parent Club
Leland High School
6677 Camden Avenue
San Jose, CA 95120

Leland Parent Club Contact: info@lelandparentclub.com

Donations are tax deductible as allowed by law. (Tax I.D. #94-6002606)