



Child Nutrition Department
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CHILD NUTRITION DEPARTMENT ANGEL FUND DONATION FORM

Your Name: _____

Street Address: _____

City, State, ZIP: _____

Signature: _____ Date: _____

PLEASE CHECK ONE BOX BELOW:

I wish to donate \$ _____ to Perry Township's Angel Fund to use per their discretion.

I wish to donate \$ _____ to Perry Township's Angel Fund for specific preferred school: _____

I wish to donate \$ _____ to Perry Township's Angel Fund for a specific student and/or family.
(Please enter the student/family information below):

Parent/Guardian Name: _____

Student(s) Name: _____

Student(s) School Name: _____

*****Do Not Write Below This Line*****

Approval Signature: _____ Date: _____

Processed By: _____ Date: _____

Verified By: _____ Date: _____