



**CUP OF TEA CAMPAIGN Receipt for Donation**

**Paid To:** Rose Hill Montessori PTO

**School:** Rose Hill Montessori **Telephone:** (208) 385-7674

**Address:** 4603 Albion Street **City:** Boise **State:** Idaho **Zip:** 83705



**Amount of Donation:** \_\_\_\_\_ **Date of gift:** \_\_\_\_\_

**Amount of Pledge:** \_\_\_\_\_ **Expected Date of Gift:** \_\_\_\_\_ payable by Feb 14, 2011



I certify that this is a gift of my own accord supporting opportunities for educational development.

**Signature of Donor:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**All Donations to Rose Hill Montessori PTO are Tax Deductible**

501 (c) (3) Ein 82-0505861