

HPHS ALUMNI DESIGNATED PURPOSE DONOR FORM

Today's Date://	
Name (First/Maiden/Last):/	
Address:	
City/State/Zip:	//
Email:@	
Telephone: [mobile [
Graduation Year HPHS:	
Amount Enclosed: \$	
Check Number:	
Make checks payable to: Huntington Park High Scho	ol
Check appropriate designee and indicate on check:	
 □ ASB Student Leadership □ Band □ Cheer □ Color Guard 	
☐ Athletics:	
☐ Special Interest Club:	(Designated Club)
☐ Academic Interest:	(Designated Academic Dent.)

Mail to:

HUNTINGTON PARK HIGH SCHOOL Attn: Student Store 6020 Miles Avenue Huntington Park, CA 90255

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