

Donation Form		
Donor Information to be used for Acknowledgements: (please print or type)		
Name of Donor:		
Mailing address:		
City:	State:	ZIP Code:
Telephone (home):		
Telephone (business):	Fax:	
E-Mail:		
Designation of donation (list club/sport/program n	ame to receive donation):	
Description of Donation (If monetary donation, list the exact amount; if other than a monetary donation, include a detailed description of each item, including serial number, model number, color, etc.):		
•		
How the school will use this donation:		
Donor's estimate of value:		
Please make checks, corporate matches, or other g	ifts payable to:	
	. ,	
Lompoc Unified School District PO Box 8000		
Lompoc, CA 93438-8000		
**********	**********	******
To Be Completed by School:		
Donations must be approved and accepted by the	Board of Education.	
1. Please forward completed form to the district	ousiness office.	

2. Please attach a copy of this form to the monetary donation before sending to Accounting.

School Received at:	
Designate Assessed Number to vassive manatum, denotion	
Designate Account Number to receive monetary donation:	
	,
Received by (print name):	Received by Signature:
received by (print name).	Received by Signature.
Date Received:	School Administrator Signature:

## To Be Completed by Business Office:

Date of Agenda Review:
Date Approved by Board:
Date Donor Recognition Sent*:

<sup>\*</sup>A copy of this form will be included with the donor recognition letter.