

CHIMACUM SCHOOL DISTRICT DONATION RECEIPT

Item(s) Donated: _____ Value \$ _____

If value of item is more than \$200.00 then Board approval is required. Board date: _____

I would like my gift to go to:

	Wherever the need is greatest		PI Program
	Chimacum High School		Chimacum Middle School
	Chimacum Elementary School		Chimacum Creek Primary School
	Libraries		Special Services
	District Office		Band/Music Programs
	Athletic Department		Other:

Name of Donor:	Address of Donor:

Received by: _____

Chimacum Kids Thank You!

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