CAVE CREEK UNIFIED SCHOOL DISTRICT NO. 93
RECEIPT FOR DONATIONS

(Submit to: CCUSD Business Office when completed)

Date of Donation:_____ Type: ☐ Cash Amount_____

☐ Non-Cash Value_____

No goods or services were provided in return for your donation.

School/District Office:_____Foundation: _____

DONOR*: (Name) _____

(Address) _____

_____

Description & Purpose: _____

_____

***Your donation will be acknowledged at a Governing Board meeting unless you wish to have your name withheld. Please check here to keep your name from appearing in the Governing Board packet that is posted on the CCUSD® website.** ☐

Please note: Any and all donations of time and material that temporarily or permanently change the physical state of the facility must be reviewed and approved in advance by the Director of Facilities and Construction. Please contact the Facilities Department at (480) 575-2051.

Received by:_____ _____ _____
(Name) (Administrator) (Date)

NON-CASH DONATION VALUE IS DETERMINED BY THE DONOR
NOT CAVE CREEK UNIFIED SCHOOL DISTRICT NO. 93

Approved by Governing Board:_____ Date: _____

Acknowledgement sent by: _____ Date: _____

Recorded by Property Control:_____ Date:_____