

Donations

Name _____ Date _____

Name of Company (if applicable) _____

Address _____

Phone Number _____

Description of Donation _____

Estimated Fair Market Value of Donation: \$ _____

Where will donation be used or housed in the District _____

For Office Use Only:

Board Approval: YES NO

Date of Board Approval: _____

Principal / Supervisor Signature _____

cc: Superintendent
Assistant Superintendent of Business Services
Treasurer