



Donation to ASB

Name of School: _____

Name of Club: _____

Donation to ASB

Fiscal Year: _____

Name of Donor: _____

Street Address: _____

City, State & ZIP: _____

Telephone: _____

Description of the donation: (If cash or check, show the exact amount; if other than cash or check, include a detailed description of each item, including serial number, color, etc.)

Donor's estimate of value: _____

If the donation is for a club that is part of a school's ASB, indicate the name of the club below and deposit the cash or check into the ASB bank account by giving this filled out form and payment to the club advisor or delivering to the Yreka Union School District office. Retain a copy of this form as a record of the donation.

Purpose of the donation:

Donor: _____

Signature, Title and Date

Club Advisor: _____

Signature, Title and Date

Verified by ASB bookkeeper: _____

Signature, Title and Date