



# CARMEL UNIFIED SCHOOL DISTRICT

## REQUEST FOR ACCEPTANCE OF DONATION

*Donations may not be received prior to BOE approval.*

Date of Request:			
<b>REQUEST TO ACCEPT DONATION FROM:</b>			
Donor Name:			
Address:			
City, State, Zip			
Phone Number:			
<b>DESCRIPTION OF DONATION:</b>			
<b>a. <u>Cash in the amount of:</u></b>			
To be deposited into account:		Name:	
		Number:	
For purchase of:			
<b>b. <u>Property Description:</u></b>			
To be used for the following purposes:			
Estimated Value:			
Other Information:			

Reviewed by Site/Department Secretary

Site/Department Administrator Signature: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by C.B.O before being agendized: \_\_\_\_\_  
initials

Board Approved: \_\_\_\_\_  
Date

Thank You Letter Sent: \_\_\_\_\_  
Date