



PAGE UNIFIED SCHOOL DISTRICT
DONATION FORM

DATE _____ PROGRAM _____

ITEM BEING
DONATED _____

YEAR _____ MAKE _____ MODEL _____

VIN NUMBER _____

*ESTIMATED VALUE OF THE ITEM _____

DONORS NAME _____

SIGNATURE _____

**MAILING
ADDRESS _____

PHONE _____

SCHOOL PERSONNEL ACCEPTING DONATION _____

WHERE WILL THE DONATED ITEM BE KEPT? (INVENTORY PURPOSES)

SCHOOL _____

BUILDING _____

ROOM _____

***Must attach Blue Book Value or some type of
Documentation stating the estimated value.**

****Once the donation has been approved by the board
a receipt will be mailed to the donor.**

BOARD APPROVAL