Aromas-San Juan Unified School District
Record of Donations

Name of Donor: _____

If anonymous donation, please check here ☐

Mailing Address: _____

City/State/Zip Code: _____ Phone #: _____

DESCRIPTION OF GIFT (Complete description of article, including serial number, etc. If cash or check, Show exact amount received. If vehicle, please indicate year, make model)	DONOR'S ESTIMATE OF VALUE
_____	_____
_____	_____

If the donation is intended for a group/organization accounted for in the school Student Body Fund, complete this section and deposit check/cash into the Study Body Fund (i.e. $100 for Cross Country Team at Anzar High School)

_____

_____

If the donation is unrestricted or intended for a District program, complete this section and forward check/cash to the District Business Department with this form.

Thank you for your donation!

Donor will receive a formal thank you letter from the Board of Trustees which may be used as proof of tax deductible donation.

Received at _____ Date _____
School or Department

By _____ Date _____
Principal or Responsible Administrator

SPECIAL REVIEW PROCEDURES FOR DONATED EQUIPMENT OR VEHICLES

The equipment described above is cleared for acceptance: Maintenance/Operations Department (All other equipment) ☐ Yes ☐ No _____ _____ Signature Date	The vehicle described above is cleared for acceptance: Transportation Department (If vehicle is intended for use in District fleet) ☐ Yes ☐ No _____ _____ Signature Date
Information Services : (Computer/Audio Visual) ☐ Yes ☐ No _____ _____ Signature Date	Add to Fixed Asset Inventory: ☐ Yes ☐ No _____ _____ Signature Date
Acceptance of Donation by the Board of Trustees on: _____	

Donations MUST BE processed within 30 days of receipt

Original: Business Services Department

Site/Department: Copy