



Chavez Collegiate High School

Associated Student Body



DONATION FORM

Name of Donor: _____

Mailing 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: _____

Purpose of the donation: If the donation is for a club or sport that is part of the school's ASB, indicate the name of the club/sport or simply state "ASB".

Club/Sport: _____

Please make check payable to CCHS and mail as follows: (To prevent mail theft, please wrap check with this form.)

Chavez Collegiate High School
800 Browning Road
Delano, CA 93215

ATTN: ASB OFFICE, Maggie Andrade

Donation Received on: _____

Donation Received by (Print Name): _____

Finance Clerk Signature: _____ Date: _____

Upon receipt of your check, we will mail an official donation acknowledgment letter—including our Tax ID number—for your tax records. Thank you for your continued support.