

Donations and/or Gifts (solicited donations must be approved prior to contacting Donors)

	nt Group/Employee receiving donation: or:	
Donor	:	
	Name:	
	Address:	
	Phone:	
	Email Address:	
Donate	ed <i>items</i> :	
	List item(s) donated:	
	Value of donated items:	
	How will these items be used?	
Donate	ed <i>Monetary amount</i> :	
	How much was donated: \$	
	Intended use of monetary donation:	
	How will the funds be used?	
	n expressly made conditional upon the District's use for a specified purpose? If yes,	, please
Reviewed by:		
Principal	Date:	
Approved (pe	r CDC(LOCAL)-A):	
Superintende	nt Date:	
If conditional, board approval is required: Board Approved date://		