

Records of Donations and Gifts

Potter Valley Community Unified School District

Name of Donor: _____

Donor Address: _____

Email: _____ Phone Number: _____

Today's Date: _____

I/We wish to donate the following items:

I/We wish to donate to the following organization (list school and/or program):

I/We are making the following conditions on the donation/gift (write N/A if this does not apply):

Type of Donation:

- 1) Cash/Check \$ _____ (Make checks payable to the district or school site)
- 2) Supplies, Equipment, Property, etc: Estimated value of \$ _____
- 3) Sponsorship \$ _____
- 4) Other, please specify _____

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Check/Cash Donation: Please check the box below that applies to this donation.

- Donations are intended for a group/organization accounted for within the school's Associated Student Body (ASB). The donation (cash/check) will be deposited into the ASB Fund Account.
 - Donation is unrestricted or intended for a District Program (includes school site events/activities, not intended for school's groups/organizations). Funds will be deposited into the relevant District/School Site account.
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Donation Other than Cash: Please describe items in detail.

Note: Equipment, vehicles, materials (such as paint, cleaning products, lab materials, used technology etc.) and instructional materials must be inspected/evaluated by the appropriate district official and cleared before Board approval/acceptance.

District Office Use Only

Comments by Reviewer:

Date Reviewed: _____ Reviewer Signature: _____

Recommendation: _____ Approval (Board Meeting Agenda Date: _____)

_____ Not Recommended for Approval