DONATIONS TO SCHOOL/DISTRICT

Date: ________________________________

School/Department to Receive Donation: ______________________________________

Donor(s):
  Name(s): ____________________________________________
  Address(s): __________________________________________

Item/Number: ____________________________ Value/Estimated Value: __________________

Donor's Requested Use of Donation:
To Be Used for (Department, Class, etc.):
  See Above
  Receipt No. __________________

  ________________  ________________  ________________
  Donor's Signature

1. If the item(s) requires maintenance, maintenance personnel have verified that
   maintenance services can be provided by the District.

   YES [ ]      NO [ ]      N/A [X ]

2. If playground equipment is being donated, maintenance personnel have verified that
   it meets safety standards.

   YES [ ]      NO [ ]      N/A [X ]

3. If equipment with a serial number is being donated, it has been sent to the
   warehouse to be added to inventory.

   YES [ ]      NO [ ]      N/A [X ]

4. School/District personnel have verified that said material will be utilized.

   YES [ ]      NO [ ]      N/A [X ]

School Site Principal/ __________________________  Asst. Superintendent, E.S.S./
District Administrator __________________________  Director, Educational Support Services