



DONATION FORM

Site/Department: _____

Type of Donation: Cash Equipment Furniture Supplies Gift Card Other _____

Please note prior to accepting a donation for Athletics, please contact the Chief Compliance Office at 619.796.7720, for potential Title IX equity considerations.

Cash Amount: \$ _____ Check #: _____

Please check appropriate answer: Money to stay at site: _____ to District: _____

Donated equipment must be accepted by the district and must also be reported to Purchasing.

Value of Donation: \$ _____

Donor Information

Please check one: Mr. Mrs. Miss. Dr.

Please print clearly.

First Name: _____ Last Name: _____

Company's Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ Zip: _____

Purpose of Donation (*What will the donation be used for?*):

(A true donation is not for receipt of material and/or services.)

Signature of Principal/Director: _____ Approved by the Board of Trustees on: _____

<input type="checkbox"/> Approve <input type="checkbox"/> Denied	_____	_____
	Chief Compliance Officer	Date
Comments: _____		
