

WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT

DONATION FORM

Analy _____ El Molino _____ Laguna _____ Consortium _____ CDS _____

Request for Board of Education Acceptance of Donation or Gift

Date: _____ Person Submitting Form: _____

Donor: _____ Donor Phone: _____

Donor Mailing Address: _____

Enclosed is a monetary donation of \$ _____ to deposit into the following District account(s):

Enclosed is a monetary donation of \$ _____ that needs to be split between District and ASB accounts. Please deposit \$ _____ into the following District account(s):

and issue a District check for \$ _____ to our school's ASB.

This is not a cash donation; the donor is transferring ownership of the items(s) listed below to the District.

Please do not publicly disclose the dollar amount of this donation (donor has requested this not be done).

A thank you has been sent from the school.

Description and purpose of donation or gift (Attach letter/pertinent materials. For automobiles, contact the Business Office):

Donor's Conditions regarding gift (if any):

Principal

Teacher/Staff Member (if applicable)

Please submit this form to the Superintendent's Office for Board acceptance.