



Donation to Corcoran Unified School District

Name of Donor: _____
Name or Business Name

Street Address: _____

City, State & ZIP: _____

Telephone: _____

Donor's estimate of value: _____

Description: Cash Check Other*

*Attach on a separate page a detailed description of each item that includes the serial number, color, etc.

Purpose of the donation:

Describe the intended use of the donation and if the donation is for a specific district program, school site, or ASB Organization or club.

Donor: _____ Date: _____
Signature

Superintendent Approval: _____ Date: _____
Signature

Board Approved: _____
Date and Initial