

**DESERT SANDS UNIFIED SCHOOL DISTRICT
Request to Make a Donation**

The following organization/individual wishes to make a donation:

Donor's Name & Title: _____
Organization (if applicable): _____
Address: _____
City, State, Zip Code: _____
Telephone: _____
To be presented to: _____
School/Department _____
For use by: _____
(Example: Scholarship, musical instruction, principal's discretion, ASB, etc.)

CASH DONATION

***Checks or money orders must be payable to: School site or Desert Sands Unified School District
Forward to Fiscal Services***

A. Amount of cash/check/money order (circle one) _____
B. Name and account number to be abated _____

**SUPPLIES, FURNITURE, OR EQUIPMENT DONATION
Forward to Purchasing Services**

For all other categories, please complete the following:

Item: _____
Brand Name or Book Title: _____
Make/Model or Book Author: _____
Serial No. or book Publisher: _____
Current Estimated value: _____
Current Condition: New Excellent Good Fair

The District does not accept items in poor condition, with parts missing, or in need of repair.

Principal/Department Head: _____ **Date:** _____
Signature

Printed Name

Retain a copy for your records and forward original to the appropriate recommending department.

TO BE COMPLETED BY RECOMMENDING DEPARTMENT

Donation reviewed for safety/compatibility: Yes No, reason _____
If yes, review completed by: _____
Recommended to Board: Yes No, reason _____
For cash/check/money order: Receipt # _____