

Central Union High School District
Request for Board Acceptance
Gift or Donation

Date: _____

Donated to: _____

Donor's Name: _____

Donor's Address: _____

Description of Donation

Section A (Equipment, Material or Supplies)			
Item Description	New/Used	Model #/ Serial #	** Est. Value

Section B (Monetary Donation)		
Purpose for Which Given	Budget Code	Amount

**** The estimated value of section A is the responsibility of the donor**

Donor's Signature: _____ Date: _____

Received by: _____ Date: _____

Title: _____

Safety Check: _____
 (Name of person/company who completed safety check) (Date)