

NEW HAVEN UNIFIED SCHOOL DISTRICT
Record of Donation

NAME OF DONOR: _____
STREET ADDRESS: _____
CITY/STATE/ZIP CODE: _____
TELEPHONE NUMBER: _____

DESCRIPTION OF GIFT*

(Complete description of article, including serial number, new/used, etc). *If cash or check, show exact amount received.

DONOR'S ESTIMATE OF VALUE: _____

If the donation is intended for a group/organization accounted for in the school's Student Body Fund, complete this section and deposit check/cash into the Student Body Fund.

If the donation is unrestricted or intended for a District program, complete this section and forward check/cash to the District Business Department with this form.

Received at: _____
School or Department Date

By: _____
Principal or Other Responsible Administrator Date

SPECIAL REVIEW PROCEDURES FOR DONATED EQUIPMENT OR VEHICLES

The equipment described above is cleared for acceptance:	The vehicle described above is cleared for acceptance:
Maintenance and Operations Department: (All other equipment) _____ Yes _____ No _____ Initials Date	Vehicle Garage: (If vehicle is intended for use in District fleet) _____ Yes _____ No _____ Not Applicable
Technology Department: (Computerware & Audio/Visual) _____ Yes _____ No _____ Initials Date	_____ Initials Date