Gift / Donation Form

SCHOOL:			E	stimated Value	
Gift/ ltem	Donated :				
Make / Model / Year:			VIN or serial #		
License p	olate:				
Purpose of the Gift					
Donated by: Organization:					
	Name	e: 			
	Addre	ess:			
		acknowledges equate facilitie		is appropriate is available.	for use at
(Administrator	signature)		(Date)		_
☐ Item Placed on site inventory				(Inventory ID N	umber)
DATE:					
				KUSD Board Policy tain/install the dor	
(District O	ffica Usa O	alv)			
	ffice Use O	•			
Accepted	by the Boa	o District office o rd on: n Mailed:			

Site Administrator must sign and forward to Superintendent's Office for Board of Trustees Approval. Letter of acceptance shall be mailed promptly to the address listed above, upon Board Action to accept donation.