



CHINO VALLEY UNIFIED SCHOOL DISTRICT GIFT/DONATION FORM

School/Department _____

Donation Description:	\$ Value as Determined by Donor
Item(s) _____	\$ _____
_____	\$ _____
Total Estimated Value	\$ _____

Purpose of gift: _____

Donated by:
(Individual) _____
Staff Member ____ Parent ____ Private Citizen ____

(Business/Organization) _____

Mailing Address _____
(Number, Street or P.O. Box)

(City, State, Zip Code)

(Phone Number)

Site/Dept. Administrator's	Date
Director of Technology (Required for Computer Equipment)	Date
Director of Business Services	Date

Please send completed form along with copy of donation receipt to Business Services.

This gift satisfies the requirement of Education Code 41032.

Accepted by the CVUSD Board of Education on: _____

Letter of Appreciation Mailed on: _____