

Name of Donor: _____

Address: _____

City/State/Zip Code: _____ Phone Number: _____

Email: _____

Part 1 – Donation Information

I/We wish to donate to _____ school site/department for the following program, grade, or activity (including Student Council, ASB or school club), _____

Type of Donation

Cash/check \$ _____ (Please make checks payable to the school or SCUSD)

Supplies/equipment, property, etc. (estimated value) \$ _____

Sponsorship \$ _____

Please check the box below that applies to this donation

Donation is intended for a group/organization accounted for within the school's St73-0.0047 Tc 0.20 Tc 7.85.20 Tc 7.85.

\$ _____ Date

____ r ____ r ____ r ____ r ____ r ____ Amount:

Code:

Budget



Sacramento City Unified School District welcomes donations for our schools and encourages community partnerships. Upon the recommendation of the school/department administrator, the Governing Board must formally approve and accept donations. Our Board evaluates donations for any conditions or restrictions imposed by the donor with respect to district goals, strategies, and success of our students.

Distribution of this Form

1. Copy to donor (preliminary receipt)
2. Retain copy at site/department for your records
3. Send original form to Accounting Services Box 802 A. Include the following:
 - a. If donation is unrestricted or intended for a District program, include cash/check and Detail Deposit Form (ACCF017) with your Record of Donations and Gifts form.
 - b. If donation is intended for a group/organization accounted for within the school's Student Body Fund (ASB) deposit (check/cash) into the Student Body Fund account. Forward to Accounting a copy of the ASB Deposit Summary Form (ACCF019) and deposit slip with your Record of Donations and Gifts form.

All Donations and Gifts

This form must be completed by the donor and receiving