

Princeton Joint Unified School District
P.O. Box 8
473 State Street
Princeton, CA 95970

DONATIONS TO SCHOOL/DISTRICT

Date: _____

School/Department to Receive Donation: _____

Donor Name(s): _____

Address(s): _____

Item/Number: _____

Value/Estimated Value: _____

Donor's Requested Use of Donation (i.e., to be used for department, class, etc.):

Donor's Signature

1. If the item(s) requires maintenance, maintenance personnel have verified that maintenance services can be provided by the District.

Yes No N/A

2. If playground equipment is being donated, maintenance personnel have verified that it meets safety standards.

Yes No N/A

3. If equipment with a serial number is being donated, it has been sent to the warehouse to be added to inventory.

Yes No N/A

4. School/District personnel have verified that said material will be utilized.

Yes No N/A

Principal/District Superintendent Signature