



Donations and/or Gifts

(solicited donations must be approved prior to contacting Donors)

Student Group/Employee receiving donation: Band Activity
Sponsor: _____

Donor:

Name: Joseph Lopez
Address: _____
Phone: _____
Email Address: _____

Donated items:

List item(s) donated: _____
Value of donated items: _____
How will these items be used? _____

Donated Monetary amount:

How much was donated: \$ 50.00
Intended use of monetary donation: before drinks
How will the funds be used? _____

Is this donation expressly made conditional upon the District's use for a specified purpose? If yes, please explain: _____

Reviewed by:

Principal Date:

Approved (per CDC(LOCAL)-A):
Eliza Diaz

Superintendent Date:

If conditional, board approval is required: Board Approved date: ___/___/___