

B-003



**West Contra Costa Unified School District  
RECORD OF DONATION**

Name of Donor \_\_\_\_\_

Street Address \_\_\_\_\_

City/State Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

<b>Description of Donation</b>		Estimated Value
Cash <input type="checkbox"/>	Check <input type="checkbox"/> Check Number _____	\$
If no funds attached please check one below:		
Donated Items <input type="checkbox"/>	Deposited in Student Body Funds <input type="checkbox"/>	\$
Complete description of article, including serial number, etc.		
Description of Item(s)		
Serial numbers		

<b>Deposit Information</b>	
Indicate School Site, Department or Purpose below:	ACCOUNT CODE

-8699