

PETALUMA CITY SCHOOLS
200 DOUGLAS STREET
PETALUMA, CALIFORNIA 94952

DONATION

_____ *Date*

Name of Donor: _____
(please print or type)

Address: _____

City, State, Zip Code: _____

* Amount of Contribution: _____

_____ Check *(check number: _____)*

_____ Cash

_____ Other (description) _____

Designated for:

Special Purpose: _____

Or School: _____

_____ *Lead Administrator's Signature*

_____ *Date*

*** FOR INCOME TAX PURPOSES: A copy of this form *along with* the letter of acceptance by the Petaluma City Schools Board of Education can be used for this purpose.**

For Business Office Use Only

Dates:

_____ Acceptance by Petaluma City Schools Board of Education

_____ Acknowledgement letter sent

Income Account Number _____

Date _____

Budget Account Number _____

Date _____