

**SALINAS UNION HIGH SCHOOL DISTRICT  
431 W. Alisal Street  
Salinas, CA 93901**

**REPORT OF DONATION RECEIVED**

**Name of Donor :** \_\_\_\_\_

**Donor's Mailing Address :** \_\_\_\_\_

Street Address or PO Box

City

State

Zip

**Date Donation Received :** \_\_\_\_\_

**Item Description:** \_\_\_\_\_

**District Valuation:** \_\_\_\_\_

**Donation Received By - Check Below:**

**District:**

**Student Body :**

**School/Department :**



**School/Department Name:** \_\_\_\_\_

**Thank You Letter Sent by:** \_\_\_\_\_

**Principal:** \_\_\_\_\_

Signature

Date

For monetary donations, indicate account code to be increased and attach check or cash:

\$ \_\_\_\_\_

Amount

Account Code

\$ \_\_\_\_\_

Amount

Account Code