

B-003

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

Name of Donor _____

Street Address _____

City/State Zip Code _____

Phone # _____

Description of Donation		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		

Deposit Information	
Indicate School Site, Department or Purpose below:	ACCOUNT CODE

-8699