



Chandler Unified School District ITEM DONATION FORM

SCHOOL: _____ **DATE:** _____

DONOR NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Item Description	Make/Model	Serial or VIN Number	Value*

***Documentation such as invoice, catalog pricing or internet value must be provided to support the estimated value.**

THANK YOU FOR YOUR GENEROSITY!

Principal/Department Signature: _____
(Signature denotes desire to accept gift)