



## 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)

**Please send completed forms to Property Control at the Warehouse.**