



## Chandler Unified School District ITEM DONATION FORM

SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

DONOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Item Description	Make/Model	Serial or VIN Number	Donor's Est. Value*

**\*Documentation such as invoice, catalog pricing or internet value must be provided to support the estimated value for items over \$1,000.**

**THANK YOU FOR YOUR GENEROSITY!**

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

Please send completed forms to Property Control at the Warehouse.