

WATERTOWN UNIFIED SCHOOL DISTRICT



Public Gifts for Schools

Donor Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Dollar Amount \$ _____ or description of gift (include value of gift if known)

Do you wish to designate this gift for any specific purpose? Yes No

If yes, please explain _____

May we publicly acknowledge your gift at a School Board meeting?

Yes No, I prefer to remain anonymous.

Donor Signature _____ Date _____

I understand that the gift becomes the property of the Watertown Unified School District and the district has discretion of the use and location of the donation.

BUSINESS OFFICE USE ONLY

Date Received _____

Account number for deposit (cash/check) _____

Fixed Asset Yes No If yes, give copy to A/P for tracking

Principal/Budget Manager Accepted Rejected Date _____

District Administrator Accepted Rejected Date _____