

Business Services

6114F-1

FOR MORE INFORMATION

Susan Swan: Accountant
susan.swan@bellingshamschools.org
(360) 676 6544

Administrative Donation Form

A. DONATION DETAILS

i. Donation Date:

ii. Items Donated (please check one and give details):

	Details	Estimated Value
	Details	Estimated Value
Funds		\$
	Details	Estimated Value

iii. Purpose of Donation (please check one):

Use of donation is left to the discretion of the Bellingham School District

The intended purpose of this donation is: *

** Note: When contributions are intended for a specific purpose or location, the Bellingham School District will make every effort to honor those intentions.*

iv. Donation made to (School or Program name):

v. Donation made by:

Business or Last Name	First Name	Middle Initial(s)
Mailing Address and Phone:		
Street address, P.O. box	Apartment, suite, unit, building, floor, etc	
City	State	ZIP code
Phone	Email	

B. DONOR SIGNATURE AGREEMENT

Signature:

C. APPROVED BY

Principal/Program Administrator

Board of Directors (Donations valued at \$5,000 or greater)