



VASHON ISLAND SCHOOL DISTRICT NO. 402

P. O. Box 547 – SW 9309 Cemetery Road
Vashon, Washington 98070
Main - 206-463-2121 / Fax 206-463-6262

Volunteers and Contributions

Please type or write legibly:

Donor's Name: _____ Phone: _____

Address: _____
Street/P.O. Box City/State/Zip

Donation: (Please check a box and complete)

Funds – Amount: \$ _____ General Fund ASB Fund Capital Fund

Services – Value: \$ _____ Describe: _____

Supplies, Materials, Equipment Value: \$ _____ Describe: _____

Note: *Please attach any additional sheets, drawings, budgets, maps, and other documents needed to adequately detail your offer.*

Program Benefited: (Please check and complete)

School: _____

Class or Activity: _____

Facility: _____

Other / District: _____

I/We understand that the District may accept only those donations which are consistent with its goal, which carry no unsuitable conditions, which present no conflicts of interest, and which do not obligate the District to future expenditures beyond the value of the gift. **Moreover, I/we understand that all donations of real property, equipment and supplies become District property and are accepted without obligation concerning use and/or disposal.**

Donor's Signature

Date

Evaluation and Recommendation:

Acceptance Recommended Non-Acceptance Recommended

Reason: _____

Administrator / Principal Signature

Date

Review and Action:

A. If the value is \$500.00 or less, the Superintendent reviews and acts on the offer.

Accepted Not Accepted

Reason: _____

Superintendent Signature

Date

B. If the value is more than \$500.00, the Superintendent recommends action on the offer and the Board of Directors reviews and acts.

Acceptance Recommended Non-Acceptance Recommended

Reason: _____

Superintendent Signature

Date

Accepted Not Accepted

Reason: _____

Board Chair Signature

Date