

Request to Donate to La Conner School District

Donor Name: _____ Business Name: _____

Street Address: _____ City, State, Zip: _____

Telephone: _____ E-mail: _____

☐ **Monetary Donation**

☐ **Gifts-in-kind**

☐ **Gifts-of-time**

Amount: \$ _____

Estimated Value: \$ _____

Total Hours: _____

If not a monetary donation, please specify the service, gifts-in-kind or gifts-of-time given by the donor:

Specific use of funds or item donated:

Benefits to the school/district:

LCSD:

Campus/District Contact: _____ Phone: _____

Campus/Department: _____ Date Rcvd Donation: _____

Date Board Action: _____ Action Taken: _____ Tax Receipt: _____

This form is to be completed and submitted to the Superintendent for School Board Approval. Cherri Kahns | ckahns@lc.k12.wa.us | 360-466-3171 | PO Box 2103, La Conner, WA 98257. All donations are provided by the donor with no conditions attached.



Please retain an original in the finance department for reporting purposes.