

Forms

Donation to ASB Form

(Name of School)

(Name of Club)

Donation to ASB Form

Fiscal Year: _____

Name of Donor: _____

Street Address: _____

City, State & ZIP: _____

Telephone: _____

Description of the donation: (If cash or check, show the exact amount; if other than cash or check, include a detailed description of each item, including serial number, color, etc.)

Donor's estimate of value: _____

Purpose of the donation (ASB organization, school site, or district program):

If the donation is for a club or organization that is part of a school's ASB, indicate the name of the club or organization and deposit the cash or check into the ASB bank account. Retain this form as a record of the donation.

If the donation is for the district, either for the use of the school or for another district program, forward the cash, check, or other item to the district business office with this form. Explain below whether the donation is for the school site or a specific district program.

Report prepared by: _____

Signature, Title and Date

Verified by ASB bookkeeper: _____

Signature, Title and Date

Site Administrator or Designee: _____

Signature, Title and Date

Presented to ASB on: _____

Signature, Title and Date

Donor: _____

Signature, Title and Date

Memorial Fund/Scholarship Fund Form

(Name of School)

(Name of Club)

Memorial Fund/Scholarship Fund Information Sheet

Fiscal Year: _____

Memorial/Scholarship Name: _____

Year Memorial/Scholarship Established: _____ Initial Amount: _____

Contact Name: _____ Relationship: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

Bank Account for Funds: _____

Intended Purpose: _____

Selection Committee:

Selection Criteria: *(attach application and essay instructions if applicable)*

Annual Award: _____

Special Instructions: _____

Report prepared by: _____

Signature, Title and Date

Verified by ASB bookkeeper: _____

Signature, Title and Date

Site Administrator or Designee _____

Signature, Title and Date

Presented to ASB on: _____

Signature, Title and Date

Donor: _____

Signature, Title and Date

Letter Regarding Tax-Exempt Status

(Use district or school site letterhead)

Date

To whom it may concern:

Thank you for interest in supporting our schools. We often receive inquiries about our nonprofit status. Please accept this letter as certification that the Sample USD qualifies as a not-for-profit organization. We are a state educational institution, which is considered a political subdivision of the State of California. Because of this, we are considered a nonprofit state entity rather than a private 501(c) (3) nonprofit organization. Donations and private grants made to our schools are tax-deductible under these statutes.

If you have further questions, please feel free to contact me at (000) 000-0000

Sincerely,

Name
Chief Business Official