



GIFT DECLARATION FORM

Part A - Cash Donation

Please make check payable to school or EUSD (Note: Each school is legally part of EUSD)

Donation from: _____

I / we wish to make a cash donation as follows:

Amount \$ _____

On behalf of Escalon High School

Or _____ Program

Name: _____

Address: _____

City/State/Zip _____

I would like my gift to be used as follows:

Scholarship Funds _____

Field Trip Funds _____

Athletic Equipment _____

Computers and Software _____

Musical Instruments _____

Art Supplies _____

Library Books _____

Principal's Discretion _____

Other _____

If "Other" please specify _____

Part B - Donation Other Than Cash

I / we wish to donate a couch
to EHS Drama School, valued at \$ 40⁰⁰

This value was determined by me (us), not Escalon Unified School District.

Name Erin Headley

Address 610 Bowen Ave

City/State/Zip Modesto, CA 95350

***DISTRICT USE ONLY ***

Receipt verified by (Site Administrator)

Name _____

Title _____

Technology Gift Reviewed by Information Systems _____

(Name)

Business Office Use Only (SACS)

Fund - Resources - Yr- Goal - Function - Site - Mgmt



GIFT DECLARATION FORM

Part A - Cash Donation

Please make check payable to school or EUSD (Note: Each school is legally part of EUSD)

Donation from: _____

I / we wish to make a cash donation as follows:

Amount \$ _____

On behalf of Escalon High School

Or _____ Program

Name: _____

Address: _____

City/State/Zip _____

I would like my gift to be used as follows:

Scholarship Funds _____

Field Trip Funds _____

Athletic Equipment _____

Computers and Software _____

Musical Instruments _____

Art Supplies _____

Library Books _____

Principal's Discretion _____

Other _____

If "Other" please specify _____

Part B - Donation Other Than Cash

I / we wish to donate an oak desk

to Escalon School, valued at \$ 50

Drama Program

This value was determined by me (us), not Escalon Unified School District.

Name Heather Hilliard

Address moving

City/State/Zip _____

cell - 805-441-9158

DISTRICT USE ONLY

Receipt verified by (Site Administrator)

Name _____

Title _____

Technology Gift Reviewed by Information Systems _____

(Name)

Business Office Use Only (SACS)

Fund - Resources - Yr- Goal - Function - Site - Mgmt
