



San Rafael City Schools  
310 Nova Albion Way  
San Rafael, CA 94903  
(415) 492-3205

### REQUEST FOR ACCEPTANCE OF DONATIONS

Date:

11/19/14

- ☒ High School District  
☐ Elementary School District

#### DONOR INFORMATION

Name:

J. D. Woods

Address

434 Cedar Hills

City, State, Zip

San Rafael CA 94903

Area code -

Telephone

#### CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

#### DONATION INFORMATION

Donation to:

Nicaragua Serv Club

Department/

Classroom:

trip

Description of

Items:

\$1000 -

check #746

Value estimate

by donor:

\$1000

I have examined the item(s) being offered by the above named donor and have determined the donations(s) would be useful in our program.

Signed:

Principal or other authorized official

Date

Approved:

Business Office

Date

Date Received

Date of Board Approval

Date Thank you  
processed

Distribution: Original (White) - Accounts Receivable: Canary - Site



San Rafael City Schools  
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### REQUEST FOR ACCEPTANCE OF DONATIONS

Date: 11/18/2014

☒ High School District  
☐ Elementary School District

#### DONOR INFORMATION

Name: SHERINS Appliances  
Address: 727 VALERIA St.  
City, State, Zip: SAN FRANCISCO, CA 94110  
Area code - Telephone: (415) 864-2589

#### CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

#### DONATION INFORMATION

Donation to: SAN RAFAEL Athletics  
Department/  
Classroom: TRAINER / CONCESSIONS  
Description of  
Items: GENERAL Electric, 7.0 cubic  
Foot, Chest Freezer IN WHITE  
Value estimate \$ 900  
by donor:

I have examined the item(s) being offered by the above named donor and have determined the donations(s) would be useful in our program.

Signed:

Tim F. Galli Alan F. Allen 11/18/2014  
Principal or other authorized official Date

Approved:

[Signature]  
Business Office

Date

11/20/14  
Date Received

Date of Board Approval

Date Thank you  
processed

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San Rafael City Schools  
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## REQUEST FOR ACCEPTANCE OF DONATIONS

Date:

11/17/14

- ☒ High School District  
☐ Elementary School District

### DONOR INFORMATION

Name: Gurmet Singh Mehrook

Address: 149 Spikerush Cir

City, State, Zip: American Canyon CA

Area code -

Telephone

94503

### CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

### DONATION INFORMATION

Donation to: TLHS

Department/

Classroom:

Description of

Items:

general fund

check #2135

Value estimate

by donor:

\$300

I have examined the item(s) being offered by the above named donor and have determined the donations(s) would be useful in our program.

Signed:

Principal or other authorized official

Date

Approved:

Business Office

Date

Date Received

Date of Board Approval

Date Thank you  
processed

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### REQUEST FOR ACCEPTANCE OF DONATIONS

Date:

11/19/14

☐ High School District

☐ Elementary School District

#### DONOR INFORMATION

Name: Gary Anspach

Address: 21 Ridgewood Dr

City, State, Zip: San Rafael CA 94901

Area code -

Telephone

#### CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

#### DONATION INFORMATION

Donation to: Nicaragua Service Club

Department/

Classroom:

Description of

Items:

donation towards trip

Value estimate

by donor:

\$500

Check #2583

I have examined the item(s) being offered by the above named donor and have determined the donations(s) would be useful in our program.

Signed:

Principal or other authorized official

Date

11-19-14

Approved:

Business Office

Date

11/19/14  
Date Received

Date of Board Approval

Date Thank you  
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### REQUEST FOR ACCEPTANCE OF DONATIONS

Date: 11/13/14

☒ High School District  
☐ Elementary School District

#### DONOR INFORMATION

Name: Harbor Point Charitable  
Foundation  
Address: 475 E. Strawberry Dr.  
City, State, Zip: Mill Valley, CA 94941  
Area code -  
Telephone

#### CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

#### DONATION INFORMATION

Donation to: SRHS  
Department/  
Classroom:  
Description of  
Items: Basketball Gym Equipment  
Value estimate  
by donor: \$15,000

I have examined the item(s) being offered by the above named donor and have determined the donations(s) would be useful in our program.

Signed: Glenn E. Dennis  
Principal or other authorized official

11/13/14  
Date

Approved: [Signature]  
Business Office

Date

11/14/14  
Date Received

Date of Board Approval

Date Thank you  
processed

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