



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

REQUEST FOR ACCEPTANCE OF DONATIONS

Date: 2/4/2015

☐ High School District
☒ Elementary School District

DONOR INFORMATION

Name: Amy and Daren Cramer
Amy c/o Dairy Delivery
Address: 10029 Minnesota Ave
City, State, Zip: Pengrove CA 94951
Area code - Telephone: (707) 796-7900

CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

DONATION INFORMATION

Donation to: San Pedro Pre-K
Department/
Classroom: Pre-K 501
Description of
Items: Class field trip
Oakland Zoo
Value estimate
by donor: \$602.-

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: Kathryn Gibney
Principal or other authorized official

2/4/15
Date

Approved: [Signature]
Business Office

Date

2/18/15
Date Received

Date of Board Approval

Date Thank you
processed

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



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

REQUEST FOR ACCEPTANCE OF DONATIONS

Date:

1/27/15

- ☒ High School District
☐ Elementary School District

DONOR INFORMATION

Name: Patrick Jennings

Address: 887 Clayton St

City, State, Zip: San Francisco CA

Area code - 94117

Telephone: _____

CONDITIONS

Wishes to be

☐ Recognized

☐ Anonymous

DONATION INFORMATION

Donation to: TL ASB

Department/ Wrestling

Classroom: _____

Description of Check #3055

Items: _____

for tournament expenses

\$250.00

Value estimate _____

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:

[Signature]

Principal or other authorized official

Date

2/5/15

Approved:

[Signature]

Business Office

Date

2/24/15

Date Received

Date of Board Approval

Date Thank you
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San Rafael City Schools
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REQUEST FOR ACCEPTANCE OF DONATIONS

Date:

2/21/15

- ☒ High School District
☐ Elementary School District

DONOR INFORMATION

Name: Annette Van Dreil

Address: 880 Penny Royal Lane

City, State, Zip: San Rafael CA

Area code - Telephone: 415 472-3551, 94903

CONDITIONS

Wishes to be

☐ Recognized

☐ Anonymous

DONATION INFORMATION

Donation to: TL ASB/

Department/ Classroom: Wrestling

Description of Items: travel costs for tournaments

check #1818

Value estimate by donor: \$ 450 -

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:

[Signature]
Principal or other authorized official

2/23/15
Date

Approved:

[Signature]
Business Office

2/24/15
Date

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: 2-10-15

☐ High School District
☒ Elementary School District

DONOR INFORMATION

Name: Meador Family
Address: 14 San Marcos Pl.
City, State, Zip: San Rafael CA 94901
Area code - Telephone: 415-419-5176

CONDITIONS

Wishes to be

☒ **Recognized**
As Russell Meador
☐ **Anonymous**

DONATION INFORMATION

Donation to: Gallinas School
Department/
Classroom: Early Intervention
Description of
Items: ~~1~~ New Jont-Craft
King's/Queen's Castle
Value estimate
by donor: \$600.00

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: [Signature]
Principal or other authorized official

2/13/15
Date

Approved: [Signature]
Business Office

Date

2/13/15
Date Received

Date of Board Approval

Date Thank you
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REQUEST FOR ACCEPTANCE OF DONATIONS

Date: 2/24/2015

☐ High School District
☒ Elementary School District

DONOR INFORMATION

Name: John Raymond Arnold
Address: 161 Knollwood Dr
City, State, Zip: San Rafael CA 94901
Area code - Telephone: 415-256-9336

CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

DONATION INFORMATION

Donation to: San Pedro Elementary
Department/
Classroom: After School Program LEAP
Description of
Items: materials and supplies for science
and art activities
Value estimate
by donor: \$1300.00

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:

Kathryn Gibney
Principal or other authorized official

2/27/15
Date

Approved:

[Signature]

Business Office

Date

3/2/15

Date Received

Date of Board Approval

Date Thank you
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☐ High School District

☒ Elementary School District

DONOR INFORMATION

Name:

Michael Merz

Address

745 Las Colindas Rd

City, State, Zip

San Rafael CA 94903

Area code -

Telephone

415 350 9250

CONDITIONS

Wishes to be

☐ Recognized

☐ Anonymous

DONATION INFORMATION

Donation to:

Veneta Valley LEAP

Department/

Classroom:

Robotix building system

Description of

Items:

Donated August 2014

Value estimate

by donor:

1250.00

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:

James Lynch

Principal or other authorized official

2-27-15

Date

Approved:

[Signature]

Business Office

Date

3/2/15
Date Received

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REQUEST FOR ACCEPTANCE OF DONATIONS

Date:

3/2/15

☐ High School District

☐ Elementary School District

DONOR INFORMATION

Name:

Frank Smart / Oceanic

Address

75 Oakmont Ave

City, State, Zip

San Rafael, CA 94901

Area code -

Telephone

415-250-8973

CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

DONATION INFORMATION

Donation to:

School District

Department/

Classroom:

Description of

Items:

New 4' x 8' White Board

Value estimate

by donor:

\$860⁰⁰

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

3/2/15

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- ☐ High School District
☐ Elementary School District

DONOR INFORMATION

Name: Eril ~~Fake~~ Foehr

Address _____

City, State, Zip 5 Corte Del Rey

Area code - Telephone San Rafael CA 94903

CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

DONATION INFORMATION

Donation to: TL - Athletics

Department/ _____

Classroom: Track program

Description of _____

Items: uniforms, equipment

check # 4343

Value estimate by donor: \$215 —

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

3/2/15
Date Received

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