



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

REQUEST FOR ACCEPTANCE OF DONATIONS

Date: 3-6-15

☒ High School District
☐ Elementary School District

DONOR INFORMATION

Name: Brian Knutson
Address: 466 Hickory Lane
City, State, Zip: San Rafael, CA 94903
Area code -
Telephone: 415-246-4834

CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

DONATION INFORMATION

Donation to: San Rafael H.S.
Department/
Classroom: Music Dept.
Description of
Items: 2 Guitars

Value estimate
by donor: \$200 each = \$400 total

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

3-6-15

Approved: _____

Business Office

Date

3/10/15
Date Received

Date of Board Approval

Date Thank you
processed

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



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REQUEST FOR ACCEPTANCE OF DONATIONS

Date: 3-6-15

☒ High School District
☐ Elementary School District

DONOR INFORMATION

Name: Steven M. Juliani
Address: 24 Professional Center Parkway
Suite 240
City, State, Zip: San Rafael, CA 94903
Area code - Telephone: (415) 521-8892

CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

DONATION INFORMATION

Donation to: San Rafael H.S.
Department/
Classroom: Music Dept.
Description of
Items: French Horn

Value estimate
by donor: \$2,000

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: _____

Principal or other authorized official

Date

3-6-15

Approved: _____

Business Office

Date

Lee

3/6/15

Date Received

Date of Board Approval

Date Thank you
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- ☒ High School District
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DONOR INFORMATION

Name: Chan Yuet Bussey
Address: 344 Prospect Dr
City, State, Zip: San Rafael CA 94901
Area code -
Telephone: _____

CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

DONATION INFORMATION

Donation to: Terra Linda
Department/
Classroom: Baseball
Description of
Items: equipment
check # 1354
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

3-4-15

Approved: _____

Business Office

Date

Leaf

3/4/15
Date Received

Date of Board Approval

Date Thank you
processed

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San Rafael City Schools
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San Rafael, CA 94903
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REQUEST FOR ACCEPTANCE OF DONATIONS

Date:

3/3/15

- ☐ High School District
☐ Elementary School District

DONOR INFORMATION

Name: Cristina Battani

Address 508 Montecillo

City, State, Zip San Rafael CA 94903

Area code -

Telephone

CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

DONATION INFORMATION

Donation to: Track - TL

Department/

Classroom:

Description of

Items:

Track Athletics

equipment for team

Check # 291

Value estimate

by donor:

\$155.00

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:

Principal or other authorized official

Date

Approved:

Business Office

Date

Date Received

Date of Board Approval

Date Thank you
processed

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Date:

3/3/15

- ☒ High School District
☐ Elementary School District

DONOR INFORMATION

Name:

Maryam Zolfaghari Mehra

Address

2152 Danberry Ln

City, State, Zip

San Rafael CA 94903

Area code -

Telephone

CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

DONATION INFORMATION

Donation to:

Baseball team TL

Department/

Classroom:

Description of

Items:

for equipment/supplies

Check # 1550

Value estimate

by donor:

\$150 -

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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DONOR INFORMATION

Name: Michael Collins
Address: 2500 Deer Valley Rd Apt
City, State, Zip: San Rafael CA 94903
Area code -
Telephone: _____

CONDITIONS

Wishes to be

- ☒ Recognized
☐ Anonymous

DONATION INFORMATION

Donation to: Terra Lind
Department/
Classroom: baseball
Description of
Items: check #202
equipment
Value estimate
by donor: \$150 -

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: _____ 3-4-15
Principal or other authorized official Date

Approved: _____
Business Office Date

3/4/15
Date Received

Date of Board Approval

Date Thank you
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DONOR INFORMATION

Name: Christopher Owen

Address: 37 Adrian Way

City, State, Zip: San Rafael CA 94903

Area code -

Telephone

CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

DONATION INFORMATION

Donation to: Terra Linda Athletics

Department/

Classroom:

Baseball team

Description of

Items:

\$150.00

check #1221

Value estimate
by donor:

for supplies/equipment

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

Signed:

[Signature]
Principal or other authorized official

3-4-15
Date

Approved:

[Signature]
Business Office

Date

3/4/15
Date Received

Date of Board Approval

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