



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: [Signature] 3-6-15  
 Principal or other authorized official Date

Approved: [Signature]  
 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: [Signature] 3-6-15  
 Principal or other authorized official Date

Approved: [Signature] \_\_\_\_\_  
 Business Office Date

3/6/15 \_\_\_\_\_  
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**REQUEST FOR ACCEPTANCE OF DONATIONS**

Date: 3/2/15

- High School District
- Elementary School District

**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: \_\_\_\_\_ 3-4-15  
 Principal or other authorized official Date

Approved: \_\_\_\_\_  
 Business Office Date

3/4/15 \_\_\_\_\_  
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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: Track Athletics  
 Description of  
 Items: equipment for team

Value estimate  
 by donor: Check # 291  
\$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: [Signature] 3-4-15  
 Principal or other authorized official Date

Approved: [Signature]  
 Business Office Date

3/4/15 \_\_\_\_\_  
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**REQUEST FOR ACCEPTANCE OF DONATIONS**

Date: 3/3/15

- High School District  
 Elementary School District

**DONOR INFORMATION**

Name: MARJAN ZOLFAGHARI MELHA  
 Address: 2152 OARBERRY 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: \_\_\_\_\_ [Signature] \_\_\_\_\_ 3-4-15  
 Principal or other authorized official Date

Approved: \_\_\_\_\_ [Signature] \_\_\_\_\_  
 Business Office Date

3/4/15 \_\_\_\_\_  
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**REQUEST FOR ACCEPTANCE OF DONATIONS**

Date: 3/3/15

- High School District  
 Elementary School District

**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: [Signature] 3-4-15  
 Principal or other authorized official Date

Approved: [Signature]  
 Business Office Date

3/4/15 \_\_\_\_\_  
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**REQUEST FOR ACCEPTANCE OF DONATIONS**

Date: 3/3/15

High School District  
 Elementary School District

**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  
for supplies/equipment  
 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] \_\_\_\_\_ 3-4-15  
 Principal or other authorized official Date

Approved: \_\_\_\_\_ [Signature] \_\_\_\_\_  
 Business Office Date

3/4/15 \_\_\_\_\_  
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