



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

### REQUEST FOR ACCEPTANCE OF DONATIONS

Date: 3/30/15

- ☒ High School District  
☐ Elementary School District

#### DONOR INFORMATION

Name: Peter Jennings  
Address: 5174 S. Sila uson Ave  
City, State, Zip: Culver City CA 90230  
Area code -  
Telephone

#### CONDITIONS

Wishes to be

- ☒ **Recognized**  
☐ **Anonymous**

#### DONATION INFORMATION

Donation to: TL Athletics  
Department/  
Classroom: Wrestling team  
Description of  
Items: equipment + travel  
Check # 2212  
Value estimate  
by donor: \$100

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

3-30-15  
Date

Approved: \_\_\_\_\_

Business Office

Date

3/31/15  
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: 3/30/15

☒ High School District  
☐ Elementary School District

#### DONOR INFORMATION

Name: Theresa Jennings

Address: 43 Terra Linda Dr

City, State, Zip: San Rafael CA 94903

Area code -

Telephone

#### CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

#### DONATION INFORMATION

Donation to: TL Athletics

Department/

Classroom:

Description of

Items:

Chalk # 4070

equip. travel exp

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:

[Signature]  
Principal or other authorized official

3-30-15  
Date

Approved:

[Signature]  
Business Office

3/31/15  
Date

3/31/15  
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:

3/25/15

- ☒ High School District  
☐ Elementary School District

#### DONOR INFORMATION

Name: Napa DRD Automotive

Address: 619 Airport Blvd

City, State, Zip: So San Francisco CA

Area code -

Telephone

94080

#### CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

#### DONATION INFORMATION

Donation to: Athletics

Department/

Classroom: Wrestling

Description of

Items: Check # 1555

Team travel + equip expenses

Value estimate

by donor:

\$ 200

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

Approved:

[Signature]

Business Office

Date

3/27/15

Date Received

Date of Board Approval

Date Thank you  
processed

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### REQUEST FOR ACCEPTANCE OF DONATIONS

Date:

3/23/15

- ☒ High School District  
☐ Elementary School District

#### DONOR INFORMATION

Name: Barry Amsden

Address: 120 Montura Wy

City, State, Zip: Novato CA 94949

Area code -

Telephone

#### CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

#### DONATION INFORMATION

Donation to: Track

Department/

Classroom:

Description of

Items:

equipment

Value estimate

by donor:

cash

\$200 -

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

3-24-15  
Date

Approved:

[Signature]  
Business Office

3/24/15  
Date

3/24/15  
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:

3/20/15

☒ High School District

☐ Elementary School District

#### DONOR INFORMATION

Name:

Marin Modern Real Estate

Address

2144 Fourth St

City, State, Zip

San Rafael CA 94901

Area code -

Telephone

#### CONDITIONS

Donor wishes to be

☒ Recognized

☐ Anonymous

#### DONATION INFORMATION

Donation to:

Music Dept

Department/

Classroom:

instruments

Description of

Items:

Check # 657

Value estimate

by donor:

\$ 2000

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

3-20-15

Approved:

Business Office

Date

3/23/15

Date Received

Date of Board Approval

Date Thank you  
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### REQUEST FOR ACCEPTANCE OF DONATIONS

Date:

3/4/15

☒ High School District  
☐ Elementary School District

#### DONOR INFORMATION

Name:

Thomas Kenihan

Address

543 Frederick St

City, State, Zip

Area code -

Telephone

San Francisco CA

94117

#### CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

#### DONATION INFORMATION

Donation to:

Department/

Classroom:

Description of

Items:

TL Athletics

baseball equipment

check #2212

Value estimate

by donor:

\$500 -

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

3-9-15

Approved:

Business Office

Date

Ceaf

Date Received

Date of Board Approval

Date Thank you  
processed

3/17/15

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

Date:

3/19/15

☐ High School District

☒ Elementary School District

#### DONOR INFORMATION

Name: Marin Produce

Address: 1240 Holm Rd.

City, State, Zip: Petaluma, CA 94954

Area code -  
Telephone: 707-773-2233

#### CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

#### DONATION INFORMATION

Donation to: fresh fruit for 60

Department/

Classroom: TEAMS / CaMSP grant

Description of

Items: fresh fruit for

professional development

Value estimate

by donor: \$100<sup>00</sup>

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

3/19/15

Date

Approved:

[Signature]

Business Office

Date

3/19/15

Date Received

Date of Board Approval

Date Thank you  
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## REQUEST FOR ACCEPTANCE OF DONATIONS

Date: 3/19/15

☐ High School District  
☒ Elementary School District

### DONOR INFORMATION

Name: Arizmendi Bakery  
Address: 1002 4th St. S  
City, State, Zip: San Rafael CA 94901  
Area code - Telephone: 415-456-4093

### CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

### DONATION INFORMATION

Donation to: Pastries (60)  
Department/  
Classroom: TEAMS / CAMSP grant  
Description of  
Items: morning pastries for  
professional development  
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] 3/19/15  
Principal or other authorized official Date

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

3/19/15  
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:

3/26/14

- ☒ High School District  
☐ Elementary School District

#### DONOR INFORMATION

Name: Alter Eco, Inc

Address: P.O. Box 1206

City, State, Zip: Sausalito CA 94966

Area code -

Telephone

#### CONDITIONS

Wishes to be

☐ Recognized

☐ Anonymous

#### DONATION INFORMATION

Donation to:

MSEL

Department/

Classroom:

Industrial Arts

Description of

Items:

bamboo building mat

Value estimate

by donor:

\$ 2400 —

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

4-6-15  
Date

Approved:

[Signature]  
Business Office

Date

4/6/15  
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: 4/2/2015

- ☐ High School District  
☐ Elementary School District

#### DONOR INFORMATION

Name: MARIN Athletic Foundation  
Address: P.O. Box 4925  
City, State, Zip: SAN RAFAEL, CA 94913  
Area code -  
Telephone

#### CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

#### DONATION INFORMATION

Donation to: SAN RAFAEL Athletics  
Department/  
Classroom: PURCHASE OF TRIAX IMPACT  
Description of  
Items: Sensors & base unit  
  
Value estimate \$ 3,000  
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: Tina J. Garcia  
Principal or other authorized official

4/2/15  
Date

Approved: [Signature]  
Business Office

Date

4/7/15  
Date Received

Date of Board Approval

Date Thank you  
processed

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### REQUEST FOR ACCEPTANCE OF DONATIONS

Date:

4/7/15

☐ High School District

☒ Elementary School District

#### DONOR INFORMATION

Name:

Wildcare

Address

76 Albert Park Lane

City, State, Zip

San Rafael, CA 94901

Area code -

Telephone

#### CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

#### DONATION INFORMATION

Donation to:

San Pedro Elementary School

Department/

Classroom:

3rd Grade Classes to

Description of

Items:

Cover <sup>Buses</sup> fees for Field Trip

Value estimate

by donor:

\$760.00

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

4/7/15

Date

Approved:

CEC

Business Office

Date

4/8/15

Date Received

Date of Board Approval

Date Thank you  
processed

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