



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

REQUEST FOR ACCEPTANCE OF DONATIONS

Date: 9/30/15

- ☒ High School District
☐ Elementary School District

DONOR INFORMATION

Name: Beth Levison & Tom Allen

Address 6 Viox Way

City, State, Zip SAN RAFAEL, CA 94901

Area code -

Telephone 415-457-3963

bethlevison@earthlinks.net

CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

DONATION INFORMATION

Donation to: SAN RAFAEL Athletics & Men's Lacrosse

Department/

Classroom:

Description of

Items:

1 short offensive stick complete

1 long defensive stick complete

1 helmet

1 full set of pads

Value estimate

by donor:

\$275.00 - \$325.00

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:

Alvin L. Dennis

Principal or other authorized official

10/1/15

Date

Approved:

[Signature]

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: 9/22/15

- ☒ High School District
☐ Elementary School District

DONOR INFORMATION

Name: SAN RAFAEL Athletic Boosters
Address: 185 Mission Ave
City, State, Zip: SAN RAFAEL, CA 94901
Area code - Telephone: 415-485-2348

CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

DONATION INFORMATION

Donation to: SAN RAFAEL Athletic Department
Department/
Classroom: _____
Description of
Items: Complete MAN. Ice Machine, Storage
Bin, Filters & line hoses
710 lb storage bin.
Value estimate
by donor: \$5,000.00

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

9/24/15
Date

Approved: _____

Business Office

Date

Date Received

Date of Board Approval

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REQUEST FOR ACCEPTANCE OF DONATIONS

Date: 9/22/15

☒ High School District
☐ Elementary School District

DONOR INFORMATION

Name: ALASTAIR CUMMING
Address: 7 Family
36 Jewel St.
City, State, Zip: SAN RAFAEL, CA 94901
Area code -
Telephone: 800-466-6148
415-456-6192

CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

DONATION INFORMATION

Donation to: SAN RAFAEL Athletics, Aquatics Program
Department/
Classroom: Pool Deck Area
Description of
Items: Aquatics Male & Female
Record Board
Value estimate
by donor: \$2,100.00

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

9/24/15
Date

Approved: _____

Business Office

10/1/15
Date

Date Received

Date of Board Approval

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REQUEST FOR ACCEPTANCE OF DONATIONS

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☒ Elementary School District

DONOR INFORMATION

Name: Wells Fargo, Contact: Doug Barta
Address: 80 E. Sir Francis Drake Blvd.
City, State, Zip: Larkspur, CA 94939 Suite 1B
Area code - Telephone: (415) 925-2125

CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

DONATION INFORMATION

Donation to: Education Services
Department/ Classroom: _____
Description of Items: Elementary and Middle School backpacks with school supplies
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

9/30/15
Date

Approved: _____

Business Office

10/1/15
Date

Date Received

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REQUEST FOR ACCEPTANCE OF DONATIONS

Date:

9/28/15

☐ High School District

☒ Elementary School District

DONOR INFORMATION

Name: SUSAN MILTNER

Address: 610 VIA CASITAS

City, State, Zip: GREENBRAE, CA 94904-1818

Area code -

Telephone

CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

DONATION INFORMATION

Donation to: SAN PEDRO ELEMENTARY SCHOOL

Department/

Classroom: TO HELP STUDENTS WITH WALKER CREEK FEES

Description of

Items: CHECK

Value estimate

by donor: \$40.00

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

9/28/15

Date

Approved:

Business Office

Date

Date Received

Date of Board Approval

Date Thank you
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REQUEST FOR ACCEPTANCE OF DONATIONS

Date: 9/28/15

☐ High School District
☒ Elementary School District

DONOR INFORMATION

Name: CELESTE BINNINGS

Address 9 OAK AVENUE

City, State, Zip KENTFIELD, CA 94904-1520

Area code -

Telephone

CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

DONATION INFORMATION

Donation to: SAN PEDRO ELEMENTARY SCHOOL

Department/

Classroom: TO HELP STUDENTS WITH WALKER CREEK FEES

Description of

Items: CHECK

Value estimate

by donor: \$30.00

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

9/28/15
Date

Approved:

[Signature]

Business Office

Date

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DONOR INFORMATION

Name: LINDY ROSE GRAHAM

Address SEVEN OAK AVENUE

City, State, Zip KENTFIELD, CA 94904-1520

Area code -

Telephone 415-457-8110

CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

DONATION INFORMATION

Donation to: SAN PEDRO ELEMENTARY SCHOOL

Department/

Classroom: TO HELP STUDENTS WITH WALKER CREEK FEES

Description of

Items: CHECK

Value estimate

by donor: \$25.00

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

9/28/15

Date

Approved: _____

Business Office

Date

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DONOR INFORMATION

PFEIFFER REALTY GROUP

Name: EDWARD PFEIFFER

Address P.O. BOX 791

City, State, Zip KENTFIELD, CA 94914

Area code -

Telephone

CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

DONATION INFORMATION

Donation to: SAN PEDRO ELEMENTARY SCHOOL

Department/

Classroom: TO HELP STUDENTS WITH WALKER CREEK FEES

Description of

Items: CHECK

Value estimate

by donor: \$50.00

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

9/28/15
Date

Approved: [Signature]

Business Office

Date

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DONOR INFORMATION

Name: KATE BLACKBURN ROCKAS

Address: 790 MISSION AVENUE

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: TO HELP STUDENTS WITH WALKER CREEK FEES

Description of

Items: CHECK

Value estimate

by donor: \$100.00

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

9/28/15
Date

Approved:

[Signature]
Business Office

Date

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☒ Elementary School District

DONOR INFORMATION

Name: ARTLINE

Address 3441 THOMAS DRIVE

City, State, Zip PALO ALTO, CA 94303

Area code -

Telephone

CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

DONATION INFORMATION

Donation to: SAN PEDRO ELEMENTARY SCHOOL

Department/

Classroom: TO HELP STUDENTS WITH WALKER CREEK FEES

Description of

Items: CHECK

Value estimate

by donor: \$100.00

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

9/28/15
Date

Approved: [Signature]

Business Office

10/1/15
Date

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DONOR INFORMATION

Name: ERIC R. LYONS/SHEILA M. LYONS

Address 140 JAMAICA STREET

City, State, Zip TIBURON, CA 94920-1009

Area code -

Telephone

CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

DONATION INFORMATION

Donation to: SAN PEDRO ELEMENTARY SCHOOL

Department/

Classroom: TO HELP STUDENTS WITH WALKER CREEK FEES

Description of

Items: CHECK

Value estimate

by donor: \$100.00

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

9/28/15
Date

Approved:

[Signature]
Business Office

10/1/15
Date

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DONOR INFORMATION

JOEL PULIATTI

Name: DBA PULIATTI PHOTOGRAPIC

Address 76 ROCKRIDGE DRIVE

City, State, Zip SAN FRANCISCO, CA 94116-1354

Area code -

Telephone 415-987-6969

CONDITIONS

Wishes to be

☒ **Recognized**

☐ **Anonymous**

DONATION INFORMATION

Donation to: SAN PEDRO ELEMENTARY SCHOOL

Department/

Classroom: TO HELP STUDENTS WITH WALKER CREEK FEES

Description of

Items: CHECK

Value estimate

by donor: \$50.00

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

9/28/15
Date

Approved: [Signature]

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DONOR INFORMATION

Name: KATHLEEN E. CERF

Address 230 SOUTH RIDGEWOOD ROAD

City, State, Zip KENTFIELD, CA 94904

Area code -

Telephone

CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

DONATION INFORMATION

Donation to: SAN PEDRO ELEMENTARY SCHOOL

Department/

Classroom: TO HELP STUDENTS WITH WALKER CREEK FEES

Description of

Items: CHECK

Value estimate

by donor: \$100.00

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

9/28/15
Date

Approved: [Signature]
Business Office

10/1/15
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DONOR INFORMATION

Name: ROSS E McKENNA

Address 1 WOLFE CANYON ROAD

City, State, Zip KENTFIELD, CA 94904

Area code - _____

Telephone _____

CONDITIONS

Wishes to be

☐ Recognized

☐ Anonymous

DONATION INFORMATION

Donation to: SAN PEDRO ELEMENTARY SCHOOL

Department/

Classroom: TO HELP STUDENTS WITH WALKER CREEK FEES

Description of

Items: CHECK

Value estimate

by donor: \$50.00

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

9/28/15

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DONOR INFORMATION

Name: RICHARD D FIKE

Address: 114 VILLA COURT

City, State, Zip: KENTFIELD, CA 94904-1585

Area code -

Telephone

CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

DONATION INFORMATION

Donation to: SAN PEDRO ELEMENTARY SCHOOL

Department/

Classroom: TO HELP STUDENTS WITH WALKER CREEK FEES

Description of

Items: CHECK

Value estimate

by donor: \$679.00

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

9/28/15

Date

Approved:

Business Office

10/1/15

Date

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☒ Elementary School District

DONOR INFORMATION

Name: ROBYN DAHLIN/JAMES E. DAHLIN

Address 29 ELIZABETH CIRCLE

City, State, Zip GREENBRAE, CA 94904-3033

Area code -

Telephone

CONDITIONS

Wishes to be

☒ Recognized

☐ Anonymous

DONATION INFORMATION

Donation to: SAN PEDRO ELEMENTARY SCHOOL

Department/

Classroom: TO HELP STUDENTS WITH WALKER CREEK FEES

Description of

Items: CHECK

Value estimate

by donor: \$100.00

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

9/28/15
Date

Approved:

[Signature]
Business Office

10/1/15
Date

Date Received

Date of Board Approval

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