



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: SHORT OFFENSIVE STICK COMPLETE

Description of Items: 1 LONG DEFENSIVE STICK COMPLETE  
1 HELMET  
1 FULL SET OF TADS

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* 10/1/15  
 Principal or other authorized official 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  
 310 Nova Albion Way  
 San Rafael, CA 94903  
 (415) 492-3205

**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**

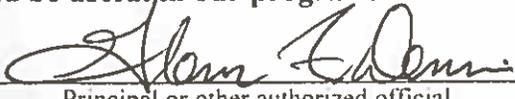
Donation to: SAN RAFAEL Athletic Department

Department/ Classroom: \_\_\_\_\_

Description of Items: Complete MAN. Ice Machine, Storage Bin, Filters & line hoses  
710 lb STORAGE bin.

Value estimate by donor: \$5,000<sup>==</sup>

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:  9/24/15  
 Principal or other authorized official Date

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

\_\_\_\_\_  
 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: 9/22/15

High School District  
 Elementary School District

**DONOR INFORMATION**

Name: ALASTAIR CUMMING  
 & Family  
 Address: 36 Jewel St.  
 City, State, Zip: SAN RAFAEL, CA 94901  
 Area code -  
 Telephone: 800-466-6144  
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<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] 9/24/15  
 Principal or other authorized official Date

Approved: [Signature] 10/1/15  
 Business Office Date

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: 9/30/15

- High School District  
 Elementary School District

**DONOR INFORMATION**

Name: Wells Fargo, Contact: Doug Barta  
 Address: 80 E. Sir Francis Drake Blvd. Suite 1B  
 City, State, Zip: Larkspur, CA 94939  
 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: *Julia Neff* 9/30/15  
 Principal or other authorized official Date

Approved: *Coetz* 10/1/15  
 Business Office Date

\_\_\_\_\_  
 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: 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: [Signature] Principal or other authorized official Date: 9/28/15

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

Date Received \_\_\_\_\_ Date of Board Approval \_\_\_\_\_ Date Thank you processed \_\_\_\_\_

Distribution: Original (White) - Accounts Receivable; Canary - S. re



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

**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 Date: 9/28/15

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

**REQUEST FOR ACCEPTANCE OF DONATIONS**

Date: 9/28/15

High School District  
 Elementary School District

**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:  . 9/28/15  
 Principal or other authorized official Date

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

\_\_\_\_\_  
 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: 9/28/15

High School District  
 Elementary School District

**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 Date: 9/28/15

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

\_\_\_\_\_  
 Date Received                      Date of Board Approval                      Date Thank you processed

Distribution:      Original (White) - Accounts Receivable      Canary - S. J.



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

**REQUEST FOR ACCEPTANCE OF DONATIONS**

Date: 9/28/15

High School District  
 Elementary School District

**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:  9/28/15  
 Principal or other authorized official Date

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

Date Received \_\_\_\_\_ Date of Board Approval \_\_\_\_\_ Date Thank you processed \_\_\_\_\_

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



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

**REQUEST FOR ACCEPTANCE OF DONATIONS**

Date: 9/28/15

High School District  
 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] 9/28/15  
 Principal or other authorized official Date

Approved: [Signature] 10/1/15  
 Business Office Date

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: 9/28/15

High School District  
 Elementary School District

**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:  Date: 9/28/15

Principal or other authorized officer

Approved:  Date: 10/1/15

Business Office

Date Received \_\_\_\_\_ Date of Board Approval \_\_\_\_\_ Date Thank you processed \_\_\_\_\_

Distribution: Original (White) - Accounts Receivable; Canary - S/rc



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

**REQUEST FOR ACCEPTANCE OF DONATIONS**

Date: 9/28/15

High School District  
 Elementary School District

**DONOR INFORMATION**  
 Name: 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 Date: 9/28/15

Approved: [Signature] Business Office Date: 10/1/15

Date Received \_\_\_\_\_ Date of Board Approval \_\_\_\_\_ Date Thank you processed \_\_\_\_\_  
 Distribution: Original (White) - Accounts Receivable - Canary - S.t.c



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

REQUEST FOR ACCEPTANCE OF DONATIONS

Date: 9/28/15

High School District  
 Elementary School District

**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] - \_\_\_\_\_ Date: 9/28/15

Principal or other authorized official

Approved: [Signature] \_\_\_\_\_ Date: 10/1/15

Business Office

\_\_\_\_\_ Date Received \_\_\_\_\_ Date of Board Approval \_\_\_\_\_ Date Thank you processed

Distribution: Original (White) - Accounts Receivable; Canary - S te



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

**REQUEST FOR ACCEPTANCE OF DONATIONS**

Date: \_\_\_\_\_

- High School District
- Elementary School District

**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: [Signature] 9/28/15  
 Principal or other authorized official Date

Approved: [Signature] 10/1/15  
 Business Office Date

\_\_\_\_\_ 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: 9/28/15

High School District  
 Elementary School District

**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: [Signature] Principal or other authorized official Date: 9/28/15

Approved: [Signature] Business Office Date: 10/1/15

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: 9/28/15

High School District  
 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] 9/28/15  
 Principal or other authorized official Date

Approved: [Signature] 10/1/15  
 Business Office Date

Date Received \_\_\_\_\_ Date of Board Approval \_\_\_\_\_ Date Thank you processed \_\_\_\_\_

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