



GIFT DECLARATION FORM

Part A - Cash Donation

Please make check payable to school or EUSD
(Note: Each school is legally part of EUSD)

I / we wish to make a cash donation as follows:
Amount \$ \$5000.00

On behalf of Escalon High School
or AG Shop Program

From:
Lucas Family Trust
P.O. Bix 717
Rancho Murieta, CA 95683

I would like my gift to be used as follows:

Scholarship Funds	_____
Field Trip Funds	_____
Athletic Equipment	_____
Computers and Software	_____
Musical Instruments	_____
Art Supplies	_____
Library Books	_____
Principal's Discretion	_____
Other	<u> X </u>

If "Other" please specify _____

Equipment/Technology for the specific use to enhance /
moderize the industrial fabrication program at EHS.

Part B - Donation Other Than Cash

I / we wish to donate: _____

to Escalon High School, valued at \$ _____.

This value was determined by me (us), not Escalon Unified School District.

Name:

Address:

City/State/Zip:

***DISTRICT USE ONLY ***

Receipt verified by (Site Administrator)

Name _____

Title _____

Technology Gift Reviewed by Information
Systems _____

(Name)

Business Office Use Only (SACS)

Fund - Resources - Yr- Goal - Function - Site - Mgmt



GIFT DECLARATION FORM

Part A - Cash Donation

Please make check payable to school or EUSD
(Note: Each school is legally part of EUSD)

I / we wish to make a cash donation as follows:
Amount \$ \$100.00

On behalf of Escalon High School
or AG Shop Program

From:
Elissa Garcia
1116 Hidden Meadow Place
Manteca, CA 95337

I would like my gift to be used as follows:

Scholarship Funds	_____
Field Trip Funds	_____
Athletic Equipment	_____
Computers and Software	_____
Musical Instruments	_____
Art Supplies	_____
Library Books	_____
Principal's Discretion	_____
Other	<u> X </u>

If "Other" please specify _____

Equipment/Technology for the specific use to enhance /
modernize the industrial fabrication program at EHS.

Part B - Donation Other Than Cash

I / we wish to donate: _____

to Escalon High School, valued at \$ _____.

This value was determined by me (us), not Escalon Unified School District.

Name:

Address:

City/State/Zip:

***DISTRICT USE ONLY ***

Receipt verified by (Site Administrator)

Name _____

Title _____

Technology Gift Reviewed by Information
Systems _____

(Name)

Business Office Use Only (SACS)

Fund - Resources - Yr- Goal - Function - Site - Mgmt
