ASSOCIATED STUDENT BODY OF FIREBAUGH HIGH SCHOOL 5246 MARTIN L. KING JR. BLVD. LYNWOOD, CA 90262 (310) 886-5200

Donation to ASB

Fiscal Year:



Name of Donor:

Street Address: _____

City, State & ZIP: _____

Telephone: _____

Description of the donation: (If cash or check, show the exact amount; if other than cash or check, include a detailed description of each item, including serial number, color, etc.)

Donor's estimate of value: _____

Purpose of the donation (ASB <u>organization</u>, school site, or district program): If the donation is for a club or organization that is part of a school's ASB, indicate the name of the club or organization and deposit the cash or check into the ASB bank account. Retain this form as a record of the donation.

If the donation is for the district, either for the use of the school or for another district program, forward the cash, check, or other item to the district business office with this form. Explain below whether the donation is for the school site or a specific district program.

Report prepared by:		
	Signature, Title and Date	
Verified by ASB bookkeeper:		
• • •	Signature, Title and Date	
Site Administrator or Designee:		
• —	Signature, Title and Date	
Presented to ASB on:		
	Signature, Title and Date	
Donor		
	Signature, Title and Date	