

Vashon Island School District No. 402
P.O. Box 547
Vashon, WA 98070
Phone: 206-463-2121 / Fax: 206-463-6262



Volunteers and Donations

Donor's Name: _____ Phone: _____

Address: _____
Street/P.O. Box City/State/Zip

Donation (Please check a box and complete)

Funds – Amount: \$ _____ General Fund ASB Fund Capital Fund Food Services

Services – Value: \$ _____ Describe: _____

Supplies, Materials, Equipment Value: \$ _____

Describe: _____

Note: Please attach any additional sheets, drawings, budgets, maps, and other documents needed to adequately detail your offer.

Program Benefited (Please check a box and complete)

School: _____

Class or Activity: _____

Facility: _____

Other / District: _____

I/We understand that the District may accept only those donations which are consistent with its goal, which carry no unsuitable conditions, which present no conflicts of interest, and which do not obligate the District to future expenditures beyond the value of the gift. *Moreover, I/we understand that all donations of real property, equipment and supplies become District property and are accepted without obligation concerning use and/or disposal.*

Donor's Signature

Date

Review and Action

A. If the value is \$500 or less, the Superintendent reviews and acts on the offer.

Accepted Not accepted

Reason: _____

Superintendent's Signature

Date

B. If the value is \$500 or more, the Superintendent recommends action on the offer and the Board of Director reviews and acts.

Recommended Not recommended

Reason: _____

Superintendent's Signature

Date

Accepted Not accepted

Reason: _____

Board Chair's Signature

Date