

BEAUMONT INDEPENDENT SCHOOL DISTRICT

CAMPUS

RECORD OF DONATED ITEMS

Name of Person Making Donation: _____

Address: _____

Club/Organization Receiving Donation: _____

Phone Number: _____ Date of Donation: _____

Description of Items	Serial Number or Vin #	Est. Value of Item

Principal Signature _____

Date _____

Activity Fund Office _____

Date _____

NOTE: PLEASE RETURN COMPLETED FORM TO THE ACTIVITY FUND OFFICE