



Sequim School District No. 323

"All Students Will Experience Success"

503 North Sequim Avenue, Sequim, WA 98382

Telephone: (360) 582-3260, FAX: (360) 683-6303, www.sequim.k12.wa.us

Date:

Federal I.D. #91-0951996

Donor Name: _____ Phone: _____

Address _____
(Street or P. O. Box) (City/State/Zip)

I hereby donate, unconditionally, the following items to the Sequim School District:

Item Description
(age, model, type)

*Physical Condition
(poor, fair, good)

*Estimated Value

* The Sequim School District accepts on the understanding that it is not held responsible for damage or loss due to fire, theft, earthquake or vandalism. If the value of the item(s) is estimated at \$1,000 or more, the Sequim School Board of Directors must approve the acceptance of the donation.

Donor Signature _____

Received by _____
(School Official)

Copy to Donor

Acknowledgement

Board Acceptance

Date: _____

(\$1,000 or more value)