



FRIENDS OF
DUNBAR SCHOOL
Donation Form

DATE _____

CASH DONATION AMOUNT \$ _____

DONATION ITEM _____

ESTIMATED VALUE \$ _____

(a value is required to determine an appropriate bid amount)

DONATION DESCRIPTION (please provide as much detail as possible) _____

THE DONATION

is enclosed

will need a certificate created

will be sent

needs to be picked up at _____

DONOR NAME (business or individual) _____

STREET/MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

FAX _____

EMAIL _____

CONTACT NAME (if different from above) _____

For FODS use only:

Entered: _____

Received: _____

FRIENDS OF DUNBAR SCHOOL
P.O. Box 1713, GLEN ELLEN, CA 95442
FAX: (707) 996-5227
TAX ID #68-0479249