

**LOS ANGELES UNIFIED SCHOOL DISTRICT
DEARBORN STREET SCHOOL
DONATION FORM**

REQUEST FOR PROCESSING OF DONATED CASH, MATERIALS, EQUIPMENT OR SERVICES

School/Office Dearborn Street School Location Code 3377

Contact Person _____ Telephone No. (818) 349-4381

DONOR: Name /Company _____ Telephone No. _____

Address _____

ROOM # _____ or intended recipient _____

CASH DONATION: Amount of attached check(s): \$ _____

Describe how you would like the donation to be used:
