DURHAM DISTRICT SCHOOL BOARD

School Name: _____

Date: _____

Summary of Items Donated

Name & Address of Donour	Date Item or Money was received	Amount of Donation	Item Donated (original invoice or proof of estimate to be attached)
Name:	Date:	$:	
Address			
Name:	Date:	$:	
Address			
Name:	Date:	$:	
Address			
Name:	Date:	$:	
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Name:	Date:	$:	
Address			
Name:	Date:	$:	
Address			
Name:	Date:	$:	
Address			

Receipts will be issued for donations of $50.00 and over only.

I certify the above information is correct.

Signature _____