



DATE: _____

901 Andrade Avenue, Calexico, CA 92231

(760) 768-3937 • Fax (760) 768-3889

DONATION SUBMISSION FORM

Name: _____ Phone: _____

Address: _____

Amount: \$ _____

I would like my donation to be applied to: (School/Site)

And be used for: _____

Thank You

Please include this form with each donation. A donation acknowledgement letter will be mailed to the address listed above. Thank you for your donation to CUSD.

For CUSD USE	
Date	Department
	Received by Site
	Received by Business Office