



DATE: 10/20/2017

901 Andrade Avenue, Calexico, CA 92231
(760) 768-3937 • Fax (760) 768-3889

DONATION SUBMISSION FORM

Name: Kamran Ghoreyshi, DDS, Inc Phone: _____

Address: 408 E. 3rd St. Ste C Calexico, CA 92231

Amount: \$ 65.00

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

And be used for: AR Program

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
<u>10/20/17</u>	Received by Business Office

11/9 BM

KAMRAN GHOREYSHI, DDS, INC
408 E 3RD ST STE C
CALEXICO, CA 92231-2854

16-24/1220 4565
1253943250

Date 10-19-17

PAY to the
Order of

Calexico Unified School District

\$ 65 ⁰⁰/₁₀₀

Sixty Five & 00/₁₀₀

Dollars  Security Features Details on Back.

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California
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FOR promoter AR

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