



DATE: 3-9-2018

901 Andrade Avenue, Calexico, CA 92231

(760) 768-3937 • Fax (760) 768-3889

DONATION SUBMISSION FORM

Name: Georgina Mendoza Phone: _____

Address: _____, Ca 92231

Amount: \$ 20.00

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

And be used for: 5th Grde Field Trip

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
3/13 FR	Received by Business Office

3/22 BM

