

# REPORT OF MONETARY DONATIONS

To the Board of Port Townsend School District:

Date of Donation: \_\_\_\_\_

Name of Donor: \_\_\_\_\_

Address of Donor: \_\_\_\_\_

\_\_\_\_\_

Purpose of Donation:	Amount:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Building Administrator: \_\_\_\_\_

Date: \_\_\_\_\_