



Bales Elementary  
25400 W Maricopa Road  
P: 623-847-8503  
F: 623-327-0744



Buckeye Elementary  
211 South 7th Street  
P: 623-386-4487  
F: 623-386-7901



Inca Elementary  
23601 W Durango Street  
P: 623-925-3500  
F: 623-386-4690



Jasinski Elementary  
4280 S 246th Avenue  
P: 623-925-3100  
F: 623-327-2708



Marionneau Elementary  
24155 W. Roeser Road  
P: 623-866-6000



Sundance Elementary  
23800 W Hadley Street  
P: 623-847-8531  
F: 623-386-6049



WestPark Elementary  
2700 S 257th Drive  
P: 623-435-3282  
F: 623-386-3398



BESD Preschool  
604 Centre Avenue  
P: 623-925-3333  
F: 623-386-6219



"A Community Passionate About Student Success"

## Request for Approval of Gift/Donation

The following information is required for your tax deduction receipt.

Date: \_\_\_\_\_ Donation to School/Site: \_\_\_\_\_

Donor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Program: \_\_\_\_\_

**Cash/Check:** \$ \_\_\_\_\_ Check # \_\_\_\_\_

- How will donation be used: \_\_\_\_\_

**Non-Cash Item:**

- Description of Donation: \_\_\_\_\_
- Value: \$ \_\_\_\_\_
- How was the value determined? \_\_\_\_\_
- How will donation be used? \_\_\_\_\_

Does this gift/donation create a Title IX issue?  Yes  No

(The principal should contact the appropriate District Administrator with any potential concern or question regarding Title IX issues related to any gift/donation)

Signature of Building Administrator: \_\_\_\_\_

Equipment of \$1,000 or greater in value will be tagged with a District tag. Tag # \_\_\_\_\_

- This equipment may not be connected to the district network.
- This equipment cannot be maintained or repaired by district staff due to unavailability of parts and/or trained staff.
- The recipient site must provide operating system software and application software. The site must assume responsibility for maintaining information pertaining to any software in compliance with district policy or copyright laws.

**FOR CENTRAL OFFICE USE ONLY**

Received by: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Director of Information Technology

\_\_\_\_\_  
Signature of Business Manager

**Return completed form to the Central Office; ATTN: Accounts Receivable.**  
25555 W Durango Street • Buckeye AZ 85326  
Phone 623-925-3400 • Fax 623-386-6063 • www.besd33.org