

Alisal Union School District

Technology Services

1205 East market Street, Salinas, CA, 93905 / Voice 831.753.5700 Ext 2005 / FAX 831.783.3385

DONATION FORM

COMPANY NAME _____
CONTACT PERSON _____
CITY/STATE _____
ZIP CODE _____
DAYTIME PH# _____
ADDRESS _____
VALUE OF DONATION _____

REQUIRED IF YOU WANT ACKNOWLEDGEMENT FOR TAX RECORDS

For site use only.

Site Name _____

Check one box only.

- Items to remain at site.
- Items to be forwarded to Tech Services and returned to site.
- Items to be forwarded to Tech Services and distributed via the Liaison Network

DISCRIPTION OF DONATED ITEMS

_____ CPU (computers) PENTIUM/MAC _____ Mhz _____ MODEL

_____ KEYBOARD

_____ MOUSE

_____ COLOR MONITOR _____ INCHES IN SIZE

_____ INKJET PRINTER _____ MODEL

_____ LASER PRINTER _____ MODEL

_____ INSTALLED SOFTWARE WITH LICENSE _____

_____ BOXED SOFTWARE AND LICENSE _____

_____ MISCELLANEOUS CABLES, CARDS, OTHER _____

Please forward completed form to the Technology Services Department