



Donation Form

**Donor's Information**

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Street

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
FAX

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Donation Information**

Type	Description	Enclosed	*Pick UP	Fair Market Value
Services	_____	_____	_____	_____
Gift Certificates	_____	_____	_____	_____
Other Items	_____	_____	_____	_____

\*Team Member will arrange pick up

\_\_\_\_\_  
Clairemont Representative

\_\_\_\_\_  
Signature of Receipt

Thank you for your generous support  
 Clairemont High School 4150 Ute Dr San Diego CA 92117  
 Clairemont High School Foundation, a non-profit 501©(3)organization #33-0551164