

**SAN MARINO UNIFIED SCHOOL DISTRICT**

1665 West Drive  
San Marino, CA 91108  
(626) 299-7000

**Memorial Fund/Scholarship Fund Donations**

**School:** \_\_\_\_\_

**Fiscal Year:** \_\_\_\_\_

Memorial/Scholarship Name: \_\_\_\_\_

Year Memorial/Scholarship Established: \_\_\_\_\_ Initial Amount: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Intended Purpose: \_\_\_\_\_

Selection Committee (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Selection Criteria:

\_\_\_\_\_  
\_\_\_\_\_

Annual Award: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Donor/Family: \_\_\_\_\_

Name, Address, Phone Number, E-mail

Site Administrator or Designee \_\_\_\_\_

Signature, Title and Date

Accounting Dept.: \_\_\_\_\_

Account #/Category