

Request for Acceptance of Gifts & Donations

Name of Individual Making Donation _____

Business or Company Representing _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail _____

Signed By _____ Date _____

School/Department Requesting Acceptance of Donation: _____

Administrator Signature _____

Cash Donation

Amount Being Donated: _____ Intended Purpose: _____

Account 530.000.0000.1920. _____ . _____ . _____

Non-Cash Donation

Description of Donated Item: _____ Intended Purpose: _____

Estimated Value: _____ Property Control Number Assigned: _____

Serial Number of Equipment: _____ Room Number/Location of Item: _____

Vehicle

(Clean title must be included with donation)

Year/Make/Model: _____

Vehicle Plate Number: _____ Odometer Reading: _____

Vehicle ID Number: _____ Clean Title Received: Yes Contact District Fixed Asset Technician x7967

Estimated Value: _____ Intended Purpose: _____