

# DONATION FORM

SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

Items offered to the School District for Donation:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Donation provided by:

Name/Organizational Name: \_\_\_\_\_

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

Anticipated use and location of donation:

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

Estimated value of donation: \$ \_\_\_\_\_

COMMENTS: \_\_\_\_\_

SIGNATURES:

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN COMPLETED FORM TO THE PURCHASING AGENT

*Business Office Only:*

*Recommendation to BOE Clerk to accept donation: Date:* \_\_\_\_\_