

NOOKSACK VALLEY SCHOOL DISTRICT

6114F

GIFTS

Donation Agreement Form

This form is to acknowledge the intention to donate the items listed below to the Nooksack Valley School District. We appreciate your interest in assisting us in providing the best educational experience possible for our children. Please be assured that your gift is valued and will be used wisely.

1. Items Donated (*please check one and give details*):

_____ **Equipment** _____

_____ **Supplies** _____

_____ **Funds** _____

2. Purpose of donation (*please check one*):

_____ **Use of donation is left to the discretion of the Nooksack Valley School District**

_____ **The intended purpose of this donation is: *** _____

3. Donation made to (*School or Program Name*): _____

4. Donation made by:

Individual/Organization Name _____

Address _____

City, State and Zip _____

Phone _____

Signed by Donor

Date

Approved by Principal or Program Manager

Date