



14015 62nd Avenue NW Gig Harbor, WA 98332
253 530.1000 253 530.1010 fax www.psd401.net

GIFT/DONATION FORM

Submit form to the Chief Financial Officer at the district office.

Date: _____

DONOR INFORMATION:

Name of Donor: _____

Contact Person: _____

Mailing Address: _____

Phone: _____ Email: _____

The donor hereby gives _____ the following Gift/Donation:
NAME OF SCHOOL OR DEPARTMENT

NOTE: All gifts of technology equipment must be preapproved by the tech support department.
NOTE: If donation will be used for installation or improvements to district property, complete the *Gift/Donation Used for Facility or Grounds Improvements Form* instead.

Amount of Gift: \$ _____
OR

Estimated Value of Donation: \$ _____

Description of Donated Item(s): _____

Purpose of Donation: _____

Peninsula School District Approvals

Principal, Program Manager or Designee Approval: _____ Date: _____

District Administration Approval: _____ Date: _____
REQUIRED for all donations valued between \$1,000 and \$4,999

Board Action: Date of Board Meeting: _____ Approved _____ Denied _____
REQUIRED for all donations valued at \$5,000 and above