

STARK COUNTY EDUCATIONAL SERVICE CENTER DONATION FORM

DONOR INFORMATION:

Donor (Organization/Company/Individual)

Contact name

Street address

City, state, zip code

Phone number, email address

DONATION:

DESCRIPTION	DOLLAR VALUE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

BENEFICIARY:

Class or program to which donation is being made

**DEPARTMENT
APPROVAL:**

Director/Supervisor

**ADMINISTRATIVE
APPROVAL:**

Superintendent or designee

OFFICE USE ONLY

BOARD MEETING
ACTION DATE:

DATE BOARD LETTER SENT:
