



APPENDIX H: SAO DONATION FORM

MANHEIM CENTRAL SCHOOL DISTRICT DONATION FORM

Please provide the following information:

Present Owner/Organization:

Name:	
Street Address:	
City, State, Zip:	
Contact Name (if different than above):	
Daytime Phone:	Evening Phone:
Description of Donation: (Please attach any applicable information/documentation)	

Estimated Value:
Condition:
Reason for Donation:

Cost to District: (Please explain. Attach additional information if needed.)	
Are you requesting that the donated item(s) display any advertising or name(s) of donor(s)?	☐ No ☐ Yes (Attach a description and/or drawing)
Special Conditions/Comments:	

Approved: ☐ No ☐ Yes Date:

Sent to:

Board Committee (Date): _____

Board of School Directors (Date): _____ ☐ Accepted ☐ Rejected