



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 Assistant Superintendent for Business

Business Office Only:

Recommendation to BOE Clerk to accept donation: Date: _____