

**PEQUANNOCK TOWNSHIP SCHOOL DISTRICT  
DONATION/GIFT FORM**

Date: \_\_\_\_\_

School: \_\_\_\_\_

Person Accepting Donation/Gift: \_\_\_\_\_

Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Value: \_\_\_\_\_

Donated By: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**I am requesting permission to accept the donation/gift listed above:**

\_\_\_\_\_  
Principal/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Facilities (if necessary)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent of Schools

\_\_\_\_\_  
Date

Board Approval Date: \_\_\_\_\_