



# East Valley Institute of Technology Donation Form

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

Donor's Name: **(PRINT)** \_\_\_\_\_

Donor's Address: \_\_\_\_\_

Donor's Address: \_\_\_\_\_

Donor's Phone Number: \_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_ Will Item(s) need to be picked up: **YES NO**

EVIT Staff accepting the donation **(Print Name)**: \_\_\_\_\_

Donated Item(s): \_\_\_\_\_

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

Purpose of donation (How the donation will be used): \_\_\_\_\_

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

**IF ITEM IS A VEHICLE, COMPLETE THIS PORTION: VIN:** \_\_\_\_\_

**Year:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**Mileage:** \_\_\_\_\_ **Does Vehicle Run:** **YES NO**

**Has the license plate been removed:** **YES NO**

**Title MUST Be in Donors Name – If a Lien Exists, a Lien Release MUST accompany Title.**

**AUTHORIZING SIGNATURES:**

Chief Academic Officer **(Signature)**: \_\_\_\_\_

Program Director Approving **(Print)**: \_\_\_\_\_

Program Director **(Signature)**: \_\_\_\_\_

Inventory Specialist: \_\_\_\_\_ Board Meeting Date: \_\_\_\_\_

Visions Entry By: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt Sent By: \_\_\_\_\_ Date: \_\_\_\_\_