



East Valley Institute of Technology Donation Form

Date: _____

Donor's Name: **(PRINT)** _____

Donor's Address: _____

Donor's Address: _____

Donor's Phone Number: _____

Will Item(s) need to be picked up? *Prior Approval Needed for pick up.*

Estimated Value: \$ _____

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)**: _____

Dean Approving **(Print)**: _____

Dean **(Signature)**: _____

Asset Management Specialist:

Board Meeting Date: _____

Visions Entry By: _____

Date: _____

Receipt Sent By: _____

Date: _____