Cape Henlopen School District
1270 Kings Highway
Lewes, DE 19958
302-645-6686

Donation Verification Form (Cash/Property) to the Cape Henlopen School District

This document is provided to the Donor as an acknowledgement that the Cape Henlopen School District has received the listed items. Completion of this form is required prior to the district's consideration of a proposed donation to the Cape Henlopen School District, Lewes, DE. This form is to be completed in its entirety and submitted to a District Administrator and the Director of Finance prior to receipt of any donated goods, services, or funds.

1. Date:
2. Organization/Individual Making Donation: _____
3. Tax ID#/SSN: _____
4. Address: (Street): _____
   (City, State, Zip): _____
5. Daytime Phone #: _____
6. Description of Donation / Gift: Approximate Value: _____
7. Explain how this gift will be used? _____
8. Monetary Gift: Explain how the funds will be used: _____
9. Recipient(s) of Donation (i.e., school, athletics program, facility): _____
10. Acknowledgments: (optional)
    In honor of: _____
    In memory of: _____
    Acknowledgement Contact: _____
    Acknowledgement Address: _____
11. Are there conditions of use attached to the gift (circle): Yes No
    If yes, please explain conditions: _____

This request cannot be acted upon before the Director of Finance has been consulted concerning this gift. Please provide the name of the person with whom you consulted and what department: _____

Signature of Donor: _____Date:_____

For Cape Henlopen District Office Use Only

Accepted by:

Building Administrator _____ Date: _____

District Administrator: _____ Date: _____

Director of Finance: _____ Date: _____

Revised: October 2, 2025