



Donation Form



Date _____

Campus/Organization Receiving Donation _____

Person Accepting Donation _____

DONOR INFORMATION

Business/Individual _____

Contact Person _____

Title _____ Phone _____

Address _____

Street/P.O. Box

City

Zip

TYPE OF DONATION

☐ **IN-KIND DONATION (GOODS/SERVICES)**

Goods/Services Donated _____

Market Value of Goods/Services _____ *(must be determined by donor)*

☐ **MONETARY DONATION/GIFT CARD(S)**

Giftcard - Quantity: _____ Amount of each: _____ **Monetary Donation** - Check #: _____ Amount: _____

Specific request on how donation will be spent _____

FOR USE BY CAMPUS/ORGANIZATION AND PIE DEPARTMENT

Campus/Organization Signature: _____ Date: _____

PIE Coordinator/Principal Signature: _____ Date: _____

Tax ID#: 74 6000230

All donation forms should be turned into the Community Relations Department by the last school day of each month.

If you are the campus/organization receiving a donation, please forward copies to the following:

☐ **Community Relations Department** ☐ **Donor** ☐ **Business Office** ☐ **Campus/Organization**