DONATION ACCEPTANCE

1. Donor Information

- **Full Name / Organization Name:** _____
- **Contact Person (if Organization):** _____
- **Email Address:** _____ **Phone Number:** _____
- **Mailing Address:** _____
- **City:** _____ **State / Province:** _____ **Zip / Postal Code:** _____

2. Type of Donation (*Please check all that apply*)

◯ **Monetary Donation**

◯ **Equipment / Asset**

◯ **EEF Item**

◯ **Other:**

_____

_____

_____

3. Donation Details & Value

- **Monetary Amount ($USD):** $ _____ *[ ] Check [ ] Cash)*
- **Item Description (for Equipment):** _____
- **Model #:** _____ **Serial #:** _____
- **Estimated Value ($USD):** $ _____
- **Condition of Equipment / Goods (if applicable):**

☒ Brand New ☐ Like New / Gently Used ☐ Used (Fully Functional) ☐ Needs Minor Repair

4. Intended Use of Donation

Please specify how you would like your donation to be utilized:

◯ **General / Unrestricted** *(Where needed most)*

◯ **Specific Program:** _____

◯ **Capital Expenditures / Equipment Upgrade**

◯ **Restrictions / Special Instructions:** _____

5. Location Details

- **School/Location:** _____
- **Building:** _____ **Room:** _____

_____ _____
Sponsor/Teacher/ Organization President Date

_____ _____
Principal/Director Date

_____ _____
Assistant Superintedent Date

_____ _____
Attendance Center Coordinator Date

_____
Board Meeting Date (if applicable)