

DONATION FORM

On behalf of _____ (campus/department), I am asking that you approve the acceptance of the following items, which are being donated by:

Donor name _____

Address _____

Date _____

Item(s) Donated	Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Purpose of the donation (specific use, if any): _____

Signature of Donor

Date

Campus/Department Administrator Signature

Date

Superintendent Signature

Date