

GIFTS/DONATIONS TO THE SCHOOL DISTRICT

Please complete the following information and submit to the Business Office.

Donor \_\_\_\_\_

Type of Gift or Donation \_\_\_\_\_

Purpose \_\_\_\_\_

Location \_\_\_\_\_

Estimated Value \_\_\_\_\_

Date Received \_\_\_\_\_

\_\_\_\_\_  
Recipient

\_\_\_\_\_  
Signature of Building Administrator

\_\_\_\_\_  
Date

Complete Information for Donor:

Donor Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_