FORM FOR ACCEPTING DONATIONS

School ___________________________ Date____________________________

Item(s) Offered to the School/District

1.
2.
3.
4.

Donation provided by::  Name ____________________________________________

Organization_______________________________________

Address____________________________________________

__ Donor Wishes to Remain Anonymous

Anticipated use and location of donation.

Possible costs related to accepting this donation.

Comments:

Signatures:  Principal _________________________________________________

Superintendent___________________________________________

Board of Education (Clerk of Board)_________________________