

Arlington Central School District



**Special Education Parent Teacher
Association**

GIFTS-IN-KIND DONATION FORM

COMPANY/DONOR

NAME: _____ **DATE:** _____

COMPANY CONTACT NAME: _____ **PHONE NUMBER:** _____

EMAIL: _____

ADDRESS: _____

ITEM DONATION:

DESCRIPTION OF ITEM(S): _____

ESTIMATED VALUE(S): _____ **EXPIRATION DATE:** _____

RESTRICTIONS OR LIMITATIONS: _____

PICKUP OR DELIVERY INSTRUCTIONS: _____

DONATED BY:

_____ **STUDENT FAMILY MEMBER** _____ **BUSINESS** _____ **OTHER CONTACT**

PLEASE SEND DONATION ITEMS TO:

ARLINGTON CENTRAL SCHOOL DISTRICT
____ **TODD HILL ROAD LAGRANGEVILLE NY 12540**

FOR MORE INFORMATION PLEASE CONTACT:

ROSEANN WEISS, FUNDRAISING CHAIR
ACSDSEPTA@GMAIL.COM

NO GOODS OR SERVICES WERE EXCHANGED FOR THIS DONATION.

TAX ID # _____ - _____

THANK YOU FOR YOUR SUPPORT OF ACSD SEPTA!