

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)