



# DONATION FORM

Site/Department: \_\_\_\_\_

Type of Donation: ☐ Cash ☐ Equipment ☐ Furniture ☐ Supplies ☐ Gift Card ☐ Other \_\_\_\_\_

**Please note prior to accepting a donation for Athletics, please contact the Chief Compliance Office at 619.796.7720, for potential Title IX equity considerations.**

Cash Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

Please check appropriate answer: Money to stay at site: \_\_\_\_\_ to District: \_\_\_\_\_

**Donated equipment must be accepted by the district and must also be reported to Purchasing.**

Value of Donation: \$ \_\_\_\_\_ Date: \_\_\_\_\_

## Donor Information

Please check one: ☐ Mr. ☐ Mrs. ☐ Miss. ☐ Dr.*Please print clearly.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company's Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Purpose of Donation (*What will the donation be used for?*):*(A true donation is not for receipt of material and/or services.)*

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Signature of Principal/Director: \_\_\_\_\_ Approved by the Board of Trustees on: \_\_\_\_\_

☐ Approve ☐ Denied\_\_\_\_\_  
Chief Compliance Officer\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_