



# 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: \$ \_\_\_\_\_

## Donor Information

Please check one:  Mr.  Mrs.  Miss.  Dr.

*Please print clearly.*

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

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

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

Purpose of Donation (*What will the donation be used for?*):

*(A true donation is not for receipt of material and/or services.)*

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

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

<input type="checkbox"/> Approve <input type="checkbox"/> Denied	_____	_____
	Chief Compliance Officer	Date
Comments: _____		
_____		