



# Donation Acceptance Form

(Please maintain a copy on file.)

School: \_\_\_\_\_

Date: \_\_\_\_\_

Donor (check one):  Individual  Organization

Donation Received From: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Donation Requested By (if applicable): \_\_\_\_\_

Amount of Donation: \_\_\_\_\_

Cash

Check \_\_\_\_\_ Check Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Check Date

Description of Donation (include restrictions): \_\_\_\_\_

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

Term/Expiration (if applicable): \_\_\_\_\_

(\*Funds will be maintained for the above donation for the fiscal year received unless otherwise noted. At fiscal year-end, remaining amounts will be transferred to the schools general expense account.)

\*\*\*\*\*Office Use Only\*\*\*\*\*

Received By: \_\_\_\_\_ Account Number: \_\_\_\_\_

School Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\*\*\*\*District Use Only\*\*\*\*\*

CFO Approval: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Superintendent Approval: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Board Approval: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_