

Donation Receipt Form

This form should be used to record all in-kind and monetary donations to your campus and/or department

Date: _____

Campus or Department Receiving Donation: _____

This donation is being made on behalf of: _____ individual _____ an organization

Donor Contact Name: _____

Organization, if applicable: _____

Telephone: _____

Email: _____

Address: _____

Street/PO Box

City

State/Zip

Donation Type:

_____ In-Kind _____ Cash _____ Item

Item Description: _____

Item Value (must be determined by donor.) _____

How will the donation be used? _____

Person accepting the donation: _____ Phone: _____

Principal/Administrator Signature: _____

Superintendent/Designee Signature: _____

(Required for items valued over \$1,500, computer hardware or software, or electronic equipment.)