

ALCORN SCHOOL DISTRICT  
ACCEPTANCE OF DONATED ITEM(S) OR  
CASH DONATIONS

**Department/School:**

\_\_\_\_\_

**Description of Donation:**

*Be specific and indicate the nature of the gift, name of the item, manufacturer, model number, quantity and a description, if applicable.*

\_\_\_\_\_

\_\_\_\_\_

**Value of Donation**

*Indicate the "fair market value" of the gift being donated or the amount of cash donated.*

\$ \_\_\_\_\_

**Use of the Donation**

*Indicate what the items donated will be used for or what will be purchased if the donation was cash.*

\_\_\_\_\_

\_\_\_\_\_

**Donor Information**

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

Address: \_\_\_\_\_  
Number & Street City, State Zip

.....

**Acceptance of Donation**

\_\_\_\_\_

Signature of Supervisor/Principal

\_\_\_\_\_

Date

**\*\*Please forward to the Business Office to be submitted for Board approval.**

Board Approved: \_\_\_\_\_