



Request for Acceptance of Donation / Gift Form

Donor Type <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit	Date
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Donor Name (or Entity /Non-Profit Organization Name)	Donor FEIN/EIN
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Additional Donor /Contact Name (if applicable)

Donor Mailing Address (Street or P.O. Box, City, State, and Zip Code)

Donor Phone Number	Email
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Non-Profit Organizations, attach a copy of 501(c)(3) Tax Exemption Letter
 Letter Attached: Yes No If no, please explain: _____

Donation Made To (Campus / Department / Organization) Name

Monetary Donation \$ _____ Non-Monetary Donation

Purpose of Donation (attach supporting documentation if applicable)

Conditions of Donation (attach supporting documentation if applicable)

ACKNOWLEDGEMENT

All statements in this document are true and correct to the best of my knowledge and belief; and I am eligible for said donation (as applicable).

_____ Signature of Donor	_____ Printed Name (Same as Signature)	_____ Date
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_____ Signature of Additional Donor	_____ Printed Name (Same as Signature)	_____ Date
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____ (initials) **Disclaimer: I understand all donations are subject to review and approval by the District. I understand, the decision for which donations are eligible for receipt are based upon many factors and must meet the criteria for acceptance as outlined in Board Policy CDC(LOCAL). EMS ISD will notify the donor(s) of a final acceptance or denial of said donation.**

APPROVALS

Donation Approved: Yes No _____
 Signature (Principal or Department Administrator) Date

Donation Approved: Yes No _____
 Signature (Deputy Superintendent or Chief Officer) Date

Donation Approved: Yes No _____
 Signature (Chief Financial Officer) Date

(If Required)

Donation Approved: Yes No _____
 Signature (Superintendent) Date

BUSINESS OFFICE USE ONLY

Board Approved (Date): _____

Notification Ltr Mailed (Date): _____