



# 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
Donor Name (or Entity /Non-Profit Organization Name)		Donor FEIN/EIN	
Additional Donor /Contact Name (if applicable)			
Donor Mailing Address (Street or P.O. Box, City, State, and Zip Code)			
Donor Phone Number		Email	
Non-Profit Organizations, attach a copy of 501(c)(3) Tax Exemption Letter Letter Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, please explain: _____ _____			
Donation Made To (Campus / Department / Organization) Name			
<input type="checkbox"/> Monetary Donation    \$ _____ <input type="checkbox"/> Non-Monetary Donation			
Purpose of Donation (attach supporting documentation if applicable)			
Conditions of Donation (attach supporting documentation if applicable)			
<b>ACKNOWLEDGEMENT</b>			
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
_____ Signature of Additional Donor		_____ Printed Name (Same as Signature)	_____ Date
_____ (initials) <b>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.</b>			
<b>APPROVALS</b>			
Donation Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		_____ Signature (Principal)	_____ Date
Donation Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		_____ Signature (Department Administrator)	_____ Date
Donation Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		_____ Signature (Deputy Superintendent or Chief Officer)	_____ Date
Donation Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		_____ Signature (Chief Financial Officer)	_____ Date
<b>(If Required)</b> Donation Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		_____ Signature (Superintendent)	_____ Date
<b>BUSINESS OFFICE USE ONLY</b>			
Board Approved (Date): _____			
Notification Ltr Mailed (Date): _____			