



# 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 or Department 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)		

### 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
-----------------------------	---	---------------

_____ Signature of Additional Donor	_____ Printed Name (Same as Signature)	_____ Date
--	---	---------------

\_\_\_\_ (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 (OFFICE USE ONLY)

Donation Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Signature (Principal or 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
---	--	---------------