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DONATION ACCEPTANCE FORM

INFORMATION REGARDING PROPOSED DONATION

Name of Person Completing the Form: _____ Extension: _____ Date: _____

Estimated Fair Market Value of Donation: _____ Dollar Amount of Cash Donation: _____

Name and Address and Telephone Number of Donor (type or print): _____

_____

_____

_____

Description of Donation: _____

_____

Donor restrictions on donation use (if any): _____

_____

What college program will use this donation? _____

How and by whom will the donation be used? _____

_____

Where will the donation be located? _____

_____

What is the estimated useful life of the donation? _____

What are the installation costs (if any)? How will the costs be funded? _____

_____

What are the annual maintenance costs (if any)? How will the costs be funded? _____

_____

Are there other costs associated with acceptance of this donation? How they be funded? _____

_____

Recommend Acceptance:

_____

Dean/Director Signature Date

Approve Acceptance:

_____

Vice President or Superintendent-President Signature Date

RETURN COMPLETED FORM TO CONTRACTS MANAGEMENT OFFICE (G-4)

Rev: 06/30/11