

Donation Acknowledgment Form for Tangible Personal Property
(Equipment and Materials)

Date _____

Donor:

Organization Name: _____ Contact & Phone #: _____

Individual Name: _____ Organization _____

Signature: _____ Address _____

Phone Number: _____

E-Mail: _____

The District's Tax ID # is 91-6001637. The tax basis of donated items shall be determined by the donor and his/her tax advisor. Under IRS guidelines, only the amount of the donation that exceeds the amount of the goods or services provided to you is tax deductible as a charitable contribution. Please retain this document for your tax records and consult a tax advisor if you have any questions.

The donor listed above hereby donates the following tangible personal property (attach list if necessary):

Donate to:

School Name: _____

Instructional program _____

ASB Activity _____

District:

District program or department _____

The District will make reasonable efforts to accommodate the intended purpose and use of the donation but reserves the right to utilize, relocate, and/or dispose of the donation as it deems appropriate. All donations become the property of the District.

Tangible personal property donated must be consistent with the philosophy and programs of the district; must not generate more than a minimal financial obligation for installation, maintenance, and operation; must be free from health and/or safety hazards; and must be free from a direct or implied commercial endorsement except as outlined in Procedure 4237P-District Fundraising Activities: Contests, Advertising, and Promotions. In addition, pass-through donations of tickets or other similar items (such as school supplies, reading aids, baseball tickets, etc.) must be appropriate for students and enhance the District's programs. (Note: nominal classroom supplies provided by parents are outside of the scope of this procedure.)

If the donation is unsuitable, explain why: _____

Principal (when donations are to a school) _____ Date _____

District Department Supervisor (when donations are to a central District program) _____ Date _____

Department Approval based on type of donation (Tech, Facilities, Curricular, etc.) _____ Date _____

Department _____ Date _____

Deputy Superintendent _____ Date _____