

**DONATION FORM**

Dear Donor:

Thank you for your interest in donating to the Ichabod Crane School District. The information below will assist the Board of Education in determining that your gift meets the criteria governing **Policy #1800, Gifts from the Public**. The Board of Education would prefer the gift to be an unrestricted offer rather than one with conditions, and that the donor work first with the appropriate Administrator in determining the nature of the gift and its suitability for district use.

**Donor Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Signature: \_\_\_\_\_

**Donation Information**

Item(s) to be Donated: \_\_\_\_\_

Purpose of the Gift: \_\_\_\_\_

Estimated Cash Value of Donation \_\_\_\_\_

Type of Donation: \_\_\_\_\_ Unrestricted \_\_\_\_\_ Restricted (Please Specify Below)

If restricted, list and special conditions or restrictions placed on this donation:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Administrator's Recommendation**

Identify any future costs to the district as a result of this gift:  
 \_\_\_\_\_

Budget Account Code: \_\_\_\_\_ Amount: \_\_\_\_\_

Budget Account Code: \_\_\_\_\_ Amount: \_\_\_\_\_

I recommend this donation be accepted by the Board of Education.

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**District Use Only**

Business Administrator's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Increase as Indicated Above: Yes \_\_\_\_\_ No \_\_\_\_\_

Superintendent's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Education Approval: \_\_\_\_\_ Date: \_\_\_\_\_