

DONATION RECEIPT

APPROVAL FORM

_____	_____
<i>Program receiving donation</i>	<i>Staff member representative</i>

DONATION RECEIVED

Business, Organization, or Individual you are receiving a donation from:

Street Address

Apt/Suite # Phone

City

State

Zip Code

Received on _____

Monetary How much? _____

Materials (please list materials received)

What is the intended use of this donation?

Submit this form to the Program Supervisor for approval and submission to the District Office.

Upon receipt of a donation, it must be approved by the SouthWest Metro School Board. A formal Donation Receipt will be sent to the organization or individual from the District Office.