



Maricopa Unified School District #20

REQUEST FOR ACCEPTANCE OF GIFTS AND DONATIONS

Name of individual making donation _____
(please print)

Representing (Firm, Corporation) _____

Signature _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Office Phone _____

School accepting donation _____

Principal signature _____

Donated Item(s) _____

SERIAL# _____

ESTIMATED VALUE _____ ROOM #/LOCATION OF ITEM _____

Business Office/Property Control

Assigned Asset # _____

Date of Board Approval _____