

SAN FRANCISCO COMMUNITY COLLEGE DISTRICT

DONATION APPROVAL FORM

SCHOOL/DEPARTMENT RECEIVING DONATION: _____

CONTACT PERSON: _____ PHONE: _____

TYPE OF DONATION: CASH CHECK EQUIPMENT/MATERIALS SERVICES

DESCRIPTION OF DONATION (if other than cash): _____

VALUE OF DONATION (estimate if not known): _____

PROPOSED USE OF DONATION: _____

TERMS/CONDITIONS (if any) ATTACHED TO DONATION: _____

RELATED COSTS OR NEEDS ASSOCIATED WITH DONATION:

INITIAL COST (delivery, installation, repairs) \$ _____

ANNUAL COST (maintenance, contracts, repairs) \$ _____

ARE RELATED COSTS BUDGETED OR OTHERWISE FUNDED? YES NO

COMMENTS: _____

This donation is capable of aiding and assisting the District in carrying out the purposes and functions assigned it by law. I therefore recommend that this donation be accepted in the name of the San Francisco Community College District.

| DONOR INFORMATION |
|---|
| NAME _____ |
| COMPANY _____ |
| ADDRESS _____ _____ |
| PHONE _____ |
| EMAIL _____ |
| PLEASE PROVIDE A COPY OF CHECK <input type="checkbox"/> |

| <i>For Office of Institutional Development use only</i> | | |
|---|-------|----------|
| | Date | Comments |
| <input type="checkbox"/> Dept Chair (if applicable) | _____ | _____ |
| <input type="checkbox"/> School Dean/Unit Adm. | _____ | _____ |
| <input type="checkbox"/> VC Over Relevant Area | _____ | _____ |
| <input type="checkbox"/> AVC of Inst. Advancement & Effectiveness | _____ | _____ |
| <input type="checkbox"/> Chief Financial Officer | _____ | _____ |

Please return completed form to the Office of **Institutional Advancement & Effectiveness, Cloud 331** or email to **Judy Seto, jseto@ccsf.edu**