

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 _____ |
| PLEASE PROVIDE A COPY OF CHECK |

| <i>For Office of Institutional Development use only</i> | | |
|---|------|----------|
| | Date | Comments |
| Dept Chair (if applicable) | | |
| School Dean/Unit Adm. | | |
| VC Over Relevant Area | | |
| AVC of Inst. Development | | |
| Chief Financial Officer | | |

Please return completed form to the Office of Community Development, E201