

DONATION TO DEPARTMENT/SCHOOL FORM

Jackson Public School District

Department/School _____

(Enter name of department or school receiving the donation.)

Description of Donation

Be specific and indicate the nature of the gift, name of the item, manufacturer, model number, quantity and a description.

Value of Donation

Indicate the "fair market value" of the gift if being donated or the unit price if the item(s) is being purchased new.

Desired Use of Donation *(Optional)*

Indicate the educational benefits expected to be realized as a result of the use of the gift.

Donor Information

Name _____

Address _____
Number & Street

_____ City _____ State _____ Zip

Acceptance of Donation

Signature of Department Head/Principal _____ Date _____

Signature of Chief Financial Officer _____ Date _____

PLEASE FORWARD COMPLETED AND SIGNED REQUEST TO THE PROPERTY ACCOUNTING OFFICE:

Address: 662 South President Street, Jackson, MS 39201

Fax: (601) 973-8561