

**SUTTER COUNTY SUPERINTENDENT OF SCHOOLS OFFICE
GIFT AND DONATION FORM**

Donor Identification	<input type="radio"/> Individual	<input type="radio"/> Business
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Donor Name: _____ Phone: _____
Address: _____ City/State _____ Zip: _____
Business only: Position: _____
Phone: _____ Type of Business: _____

Gift or Donation:	<input type="radio"/> Cash	<input type="radio"/> Check	Dollar Amount: \$ _____
	<input type="radio"/> Other (List item below)		
Date of Donation: _____			

Intent of Gift or Donation: _____
Working Condition: _____
Estimated Dollar Value \$ _____
Donated To (Site/Program): _____
Site/Program Administrator: _____

Asst. Superintendent/Director for Dept.:	Typed Name	Signature
	_____	_____
	Typed Name	Signature
	_____	_____

Delivery Date: _____ Delivered By: _____
Received By: _____

For Business Office Use Only

Assistant Superintendent Business Services _____
Signature

Revenue Code: _____

Review Comments: _____

Board Agenda Date: _____