

**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