

ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD

REQUEST TO DONATE GIFTS-IN-KIND

School/Department: _____ Date Requested: _____

Only to be completed if purchase is made by the donor.

Donor Organization/Individual: _____ Name: _____ Address: _____ Postal Code: _____ Telephone: _____	Equipment Supplier: _____ Name: _____ Address: _____ Postal Code: _____ Telephone: _____
Purpose of Equipment:	
Type of Equipment: (include manufacturer, model# & other information required to properly identify equipment)	
Is equipment: New <input type="checkbox"/> Used <input type="checkbox"/>	
If used: 1) Year Manufactured _____ 2) Estimated Market Value: _____	
Is a charitable donation receipt for tax purposes required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Donation receipts will be mailed to donor after equipment is installed and paid for, as applicable. If equipment is new please provide copy of invoice. If used, please provide appraisal or other supporting documentation.	

Donor

Name of Authorized Representative

Signature of Authorized Representative

Approved By

Approval of Director of Education, Supervisory Officer or Principal

Date

Once completed forward to the Financial Services Department for record keeping and audit purposes.