



To complete this form electronically,  
it must be opened in *Adobe Reader!*

# Donation Agreement

### Donor Information *(all fields are required):*

Name of Donor Organization or Company Name

Mailing Address

City

State

Zip

Contact Person

Contact's Phone Number

Contact's Email Address

This donation is for the purpose of:

Estimate of potential installation/maintenance (description and estimated cost):

**\* When requested, the school or program will provide a complete accounting of the expenditure of the donated monetary funds.**

**\* Any gift/donation to the District or to an individual school or department of money, materials or equipment having a value of \$5,000 or greater will be subject to Board approval.**

**\* Any gift/donation having a value of \$1,000 or greater but less than \$5,000 will be subject to approval by the Superintendent or designee.**

**\* All gifts/donations will become School District property (Policy 6114).**

Date

\_\_\_\_\_  
Principal or Program/Department Director Signature *(or designee)* - **REQUIRED FOR ALL GIFTS/DONATIONS**

**Tech Director's Approval Required**

Initials \_\_\_\_\_

Date

**Exec Dir. of Ops Approval Required**

Initials \_\_\_\_\_

Date

Date

\_\_\_\_\_  
Superintendent Signature *(or designee)* - **REQUIRED FOR GIFTS/DONATIONS OF \$1,000 OR GREATER**

Board Approval Required (**DONATIONS OF \$5,000 OR MORE**)

Board Approved on:

Date

\_\_\_\_\_  
Officer *(i.e.: ASB, PTA)* if applicable

Date

\_\_\_\_\_  
Officer *(i.e.: ASB, PTA)* if applicable

### Donation Information:

Donated to Arlington Public Schools and/or

School /Department Name

a monetary donation

*(in the amount of)*

**OR**

item donation

*(with a value of)*

If donation is an item (i.e. supplies, equipment), please provide a description of the item: