



SYRACUSE CITY SCHOOL DISTRICT

Anthony Q. Davis, Interim Superintendent of Schools

Request to Make Donation Form

→ DONOR INFORMATION

DONOR			
Donor's Last Name	First Name	Date	
Donor's Street Address	City	State	Zip
DONOR CONTACT		Phone Number	
Donor's Contact Name			
Contact Person's Title			
Donor Contact Signature _____			

→ DONATION INFORMATION

Please attach any additional Documentation to this form

DONATION DESCRIPTION		
Cash Donation (Fill this section out for cash donations only)	Cash Value	
Yes No	Were these funds earned through a fund raiser?	
Yes No	Are these funds designated for use by a specific school building? If so, please specify school name and department below.	
<i>Example: Lincoln Middle School Music Department</i>		
Yes No	Is the donor stipulating any spending restrictions? If so, please specify below. (Ex. Funds	
<i>Example: Funds to be used to purchase computer software</i>		
Goods or Services Donation (Fill this section out for donation of goods or services only)		
Goods and services donations must be approved by the Chief Financial Officer prior to donation being made. Additionally, all computer and technology donations must be approved by the Chief Accountability Officer prior to the donation being made.		
Chief Financial Officer _____		
Chief Accountability Officer (Computer/ Technology Only) _____		
New Used	Is the item being donated new or used? If used, please specify approximate age below.	
<i>Approximate age:</i>		
ECA Account (Fill this section out for ECA accounts only)	Chase Account #	
Yes No	May the Superintendent use his/her discretion as to where the item is housed to bring the most benefit to the most children?	

STAFF USE ONLY

Name (District Employee): _____ Date: _____

Location: _____