

**FRIENDSWOOD ISD  
DONATION ACCEPTANCE FORM**

\_\_\_\_\_  
Department/Organization

\_\_\_\_\_  
Campus

\_\_\_\_\_  
Requested by: Faculty/Staff Member

\_\_\_\_\_  
Date Requesting

Amount or Value of Donation:        \$ \_\_\_\_\_

Description of Donation and Intended Use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Donated by: \_\_\_\_\_  
Organization/Individual(s)

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Principal/Director \_\_\_\_\_

Date \_\_\_\_\_

Chief Financial Officer \_\_\_\_\_

Date \_\_\_\_\_