

**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 _____