PUBLIC INFORMATION PROGRAM FUNDRAISING ACTIVITIES POLICY EXHIBIT 1

Donation, Contribution, or Sponsorship Form

Donation, Contribution, or Sponsorship Form

This form must be completed, signed, and turned in for all such occurrences greater than \$250.

To be filled out by donor, contributor, or sponsor:

1. Date of donation: ______(Must be prior to donation or initiation of construction.)

2. I am making this donation as (select one and fill in the legal name):

- An IndividualLegal name: ______
- □ An officer of a business Legal business name:
- □ An officer of a booster club with a tax id # Legal club name: _____
- For any of the above, if you wish this signed form to serve as a receipt from the authorized recipient for your own tax purposes, please provide the associated SSN, EIN, or TAX ID#:
- A representative of an informal group (not eligible for tax receipt)...... Name:
- □ Other (please describe) (not eligible for tax receipt).....

3. Type of donation:

- 4. Detailed description of what is being donated:

5. Program, school, department, class, or activity, if any, to which you restrict use of your donation. Restricted funds will be used only for the named restriction: (Donations may not be restricted to use for an individual employee.)

6. Representation: (Mark and sign appropriate one.)

 \Box Monetary or property donor:

I hereby certify that I hold legal title to the funds/property being donated, that I am authorized to make such donation, and hereby transfer full title of the funds/property being donated to the Tintic School District.

Signature:

□ Volunteer:

I hereby certify that I willingly donate my time and that I will not be compensated for my donated time by any source and that if I am given significant unsupervised access to a student in connection with my volunteer assignment, I must also obtain a volunteer form from the principal and complete it and submit it to Human Resources and be finger-printed.

Signature:

To be filled out by district/school recipient:

Authorizer per District's donation policy:		Received by District's foundation/business administrator:	
Name:		Name:	
Title:		Title:	
Signature:	Date:	Signature:	Date:
		Tax receipt number:	
Distribution	Original to Accounting	Copy to Donor Copy for Sch	nool/Department

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