

# GIFTS, BEQUESTS OR DONATIONS TO EANES ISD

**Purpose:** The purpose of this form is to record the receipt of gifts and donations from individuals, firms, philanthropic, social or service groups, associations or civic organizations. These donations may be in the form of cash or property. Gifts or bequests of non-monetary types of property are recorded at appraised market value at the time of receipt. This form is not required for consumable gifts unless donor requests receipt for tax purposes.

**Instructions:** Please complete the information requested below. List non-monetary property such as computer equipment separately (i.e., by component such as printer, terminal, etc.). Show equipment manufacturer (Mfg) and model number if applicable. **This form should be submitted to the EISD Business Office BEFORE the item is accepted IF one or more conditions in SECTION I (A through E) apply. Acceptance of any gift, bequest or donation is subject to Board Policy CDC (Local).**

**SECTION I:**

<u>Describe Property (Incl. mfg./model) or Cash Amount (If Avail.)</u>	<u>Serial#</u>	<u>Quantity</u>	<i>*appraised market value</i> <u>Per Unit Value*</u>	<u>Total Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please indicate specific purpose or instructions, if any \_\_\_\_\_

Proposed installation method or source: \_\_\_\_\_

- |  |     |    |   |
|--|-----|----|---|
| A) A computer or technology-related item?              | YES | NO | (If yes, Section II must be completed)  |
| B) A contracted service?                               | YES | NO | (If yes, Section III must be completed) |
| C) Food preparation equipment?                         | YES | NO | (If yes, Section III must be completed) |
| D) Require additional electrical capacity or location? | YES | NO | (If yes, Section III must be completed) |
| E) Involve removal or addition of permanent fixtures?  | YES | NO | (If yes, Section III must be completed) |

**DONATED by:**

Print Name of Donor \_\_\_\_\_ Print Donor's Company Name (if applicable) \_\_\_\_\_

Print Donor's Address, City, State, Zip \_\_\_\_\_

Donor's Signature \_\_\_\_\_

**ACCEPTED by Eanes Independent School District:**

Signature of EISD School Official \_\_\_\_\_ Campus \_\_\_\_\_ Date \_\_\_\_\_

**SECTION II:**

Technology Systems YES NO (circle one) \_\_\_\_\_ Date \_\_\_\_\_

Instructional Technology YES NO (circle one) \_\_\_\_\_ Date \_\_\_\_\_

**SECTION III:**

Maintenance and Operations YES NO (circle one) \_\_\_\_\_ Date \_\_\_\_\_