



## Parks and Recreation Donation Form

- Please review our Donation Policies/Procedures prior to completing this form.
- Completion of this form is an offer to make a gift to McCall Parks and Recreation

DONOR INFORMATION:	
Donor	
Company/Title <i>(if applicable)</i>	
Address	
Email	
Phone	(____) ____ - ____ Ext. ____

GIFT INFORMATION:
Describe the donation; If a gift of service please describe the professional or personal services rendered. (Attach a separate sheet if necessary)

GIFT VALUE:	ADDITIONAL GIFT INFORMATION:
Donor Assigned Value: \$ _____ ===== <b>ALTERNATE VALUATION METHOD:</b> <input type="checkbox"/> Appraisal <input type="checkbox"/> Itemized inventory list <input type="checkbox"/> Vendor/Donor documentation (invoice, letter) <input type="checkbox"/> Published value (catalog, etc.) <input type="checkbox"/> If value not provided by donor, then value determined by a qualified faculty or staff (attach documentation). <input type="checkbox"/> Other, please specify _____	<input type="checkbox"/> Gift in Kind – tangible personal property <input type="checkbox"/> Gift of Service – professional or personal services <input type="checkbox"/> Bench/Table <input type="checkbox"/> Tree/Plant <input type="checkbox"/> Other <hr style="border: 1px solid black;"/> <input type="checkbox"/> Gift to be retained and used for designated purpose <input type="checkbox"/> Gift may be sold, proceeds used for designated purpose

**Donor:** \_\_\_\_\_  
Signature Date of gift

**Department:** \_\_\_\_\_  
Department/Director Signature Date approved

**FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_ Staff Assigned: \_\_\_\_\_ Date of On-Site Meeting: \_\_\_\_\_  
 Date application/first payment received: \_\_\_\_\_ Check No. \_\_\_\_\_ Amount: \_\_\_\_\_ Date final payment received: \_\_\_\_\_  
 \_\_\_\_\_ Check No. \_\_\_\_\_ Amount: \_\_\_\_\_ Date Installed: \_\_\_\_\_