

Hartford Union High School District  
805 Cedar Street  
Hartford, WI 53027  
**Donation Agreement**

**Donor Information (please print or type)**

Name of Donor or Organization			
Street Address			
City	State	Zip Code	
Telephone			

**Donation Information**

Department receiving gift:			
Room Number:			
<input type="checkbox"/> Check	\$	Donation Amount	
Or	Or		
<input type="checkbox"/> Equipment or Materials	\$	Donor's Good Faith Estimated Value	

**Details of Donation**

Detail your explanation of usage if monetary donation  
or

Description of donated item(s) – Include model, manufacturer, and serial number where applicable:

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**Acknowledgement Information**

Please use the following name(s) in all acknowledgements:

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I (we) wish to have our gift remain anonymous.

Signature(s)
Date

The HUHS School District is a governmental entity and has the same tax exempt status as a charitable entity under 501(c)3. The District hereby agrees to accept ownership of the above donation and responsibility for any installation and maintenance. No goods or services were provided to donor in consideration of this contribution. On behalf of the Board of Education and Administration, thank you for your donation and support of HUHS educational programs.

**HUHS Office Use**

Reviewed and approved by:

Special Approval:	Date:
Advisor/Dept. Chair:	Date:
Responsible Administrator:	Date:
Director of Business Services:	Date:
Principal or Superintendent:	Date: