



Hartford Union High School District

DONATION AGREEMENT

The HUHS School District hereby agrees to accept ownership of the donation noted below and responsibility for any installation and maintenance. On behalf of the District, we thank you for your donation and support of HUHS programs.

Donor Information (please print or type)

Donor and/or Organization					
Street Address					
City		State		Zip Code	
Telephone		Email			

Donation Information

Department/Area receiving gift				
Room Number				
<input type="checkbox"/> Check Or <input type="checkbox"/> Equipment/Materials	Donation Amount OR Donor's Estimated Value	\$		(check number, if applicable)

Details of Donation

- Please provide the intended use of the donation, if it is a monetary one; OR
- Please provide a description of the 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:

1.	3.
2.	4.

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

Signature (Optional)
Date

HUHS Office Use

Review and Approve

Advisor/Department Chair		Date	
Responsible Administrator		Date	
Director of Business Services		Date	
Principal or Superintendent		Date	