

## Mt. San Antonio College 1100 N. Grand Ave. • Walnut, CA 91789 • 909.594.5611

## PROPOSED GIFTS AND DONATIONS TO MT. SAN ANTONIO COLLEGE

Gift Description (be specific, e.g. , brand	names, functio	on, model and year; attach extra page if needed):
Donor's Stipulated Value (District does		
\$	,	to Campus? YES NO
Location of Item(s)		
Is the Item Given with Conditions?	YES	NO
If Yes, list all Donor Conditions:		
		Attachment YES NO
Donor's Name		Date of Offer
Donor's Address		
		Phone ( <u>)</u>
Signature of Donor		
		l by District*****************
Department/Area Receiving Gift or	Donation	
2. How Will the Gift Benefit the Distric	:t?	
	_	
3. What will be the Cost of Receiving	and Maintair	ning the Gift?
Delivery Mai	ntenance	Installation
Storage Insura	ance	Other
4. Signature of Recommending Manag	ger:	
5. Board of Trustees Approval Date:		
6. Effective date of receipt (If differen	t from Board	d approval date):