



PROPOSED GIFTS AND DONATIONS TO MT. SAN ANTONIO COLLEGE

Gift Description (be specific, e.g. , brand names, function, model and year; attach extra page if needed):

Donor's Stipulated Value (District does not appraise or place a value on donated or gifted items):

\$ _____

Delivery 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 () _____

Signature of Donor _____

*****To be Completed by District*****

1. Department/Area Receiving Gift or Donation _____

2. How Will the Gift Benefit the District? _____

3. What will be the Cost of Receiving and Maintaining the Gift?

Delivery _____ Maintenance _____ Installation _____

Storage _____ Insurance _____ Other _____

4. Signature of Recommending Manager: _____

5. Board of Trustees Approval Date: _____

6. Effective date of receipt (If different from Board approval date): _____