

Cornwall Central School District
DONATION ACCEPTANCE FORM

School / Department: _____ Date: _____

Donation Item (s) / Description:

1.

2.

3.

4.

Donation provided by: Name _____
 Address _____

 Tel. # _____

Comments:

Principal / Director Signature: _____

<i>District Administration Use Only:</i>	
Superintendent of Schools	_____
Assistant Superintendent for Business	_____
Budget Code	_____
District Treasurer	_____
Board of Education acceptance date	_____
Acknowledgment letter sent	_____