



COMMUNITY SERVICE OUTREACH

Note: *Submit the original form to Financial Services and maintain a copy for Campus/Dept records*

Date: _____

Charitable Organization Receiving Donation _____

Person Accepting Donation _____

Organization Contact Person _____

Title _____ Telephone _____

Address _____
Street/PO Box City State/Zip Code

In-Kind Donations (Goods/Services)

Goods/Services Donated _____

Total Hours Contributed _____ Date _____

Market Value of Goods/Services \$ _____
(Must be determined by donor)

Cash Donation

Amount \$ _____ How will the donation be spent _____

FOR USE BY CLUB GIVING DONATION

Donation Given by:

Department/Campus Club Name _____

Club Sponsor Signature _____ Date _____

Principal/Administrator Signature _____ Date _____