

**SAN FRANCISCO UNIFIED SCHOOL DISTRICT  
AUTHORIZATION TO ACCEPT A GIFT**

Date of Request: \_\_\_\_\_

<b>A. SCHOOL/DEPARTMENT AND PRINCIPAL/ADMINISTRATOR INFORMATION</b>	
Name of School/ Department: _____	Name of Principal/ Administrator: _____
School/Department Telephone: _____	Signature of Principal/ Administrator: _____

<b>B. INFORMATION ON ITEMS DONATED</b>	
Item(s) donated: _____	
Approximate Value: _____	If used equipment, name of person providing cost estimate: _____

<b>C. DONOR(S) INFORMATION</b>	
Name(s): _____	Title of Donor(s) (if applicable): _____
Address: No. and Street: _____	Organization (if applicable): _____
City Name: _____	
State, Zip Code: _____	
Telephone: _____	

<b>D. PURPOSE OF DONATION</b>
<p>Purpose: (Indicate if the donation is for a specific group or organization at the site, i.e., the debate team, foreign language club, third grade class, in memory of, etc.) Include all pertinent background information pertaining to this donation.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>RESTRICTION ON USE OF GIFT: (If none, please write "NONE")</b></p> <p>_____</p>

**E. AUTHORIZATION INFORMATION**

Approved by:

Approved by:

\_\_\_\_\_  
Assistant Superintendent

\_\_\_\_\_  
Chief Financial / Business Officer

Date:

Date: