



DONATION APPROVAL REQUEST

DONOR

Name/Organization _____ Address _____ Phone number _____

Email address, if applicable _____

Purpose of donation: _____

Description of Items	Estimated Value	Description of Items	Estimated Value

PROGRAM/DEPARTMENT SUPERVISOR

Anticipated use: _____

Storage plan(s): _____

Security concerns: _____

Supervisor _____ Signature _____ Date _____

FACILITY/OFFICE AUTHORIZATION

Approve Deny

Facility/Office Authority/designee _____ Signature _____ Date _____

DONOR RECEIPT

Name/Organization _____ Signature _____ Date _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** – LBA **COPY** – Supervisor, Donor