### DONATION APPROVAL REQUEST

#### DONOR

<table>
<thead>
<tr>
<th>Name/Organization</th>
<th>Address</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Email address, if applicable

Purpose of donation:

<table>
<thead>
<tr>
<th>Description of Items</th>
<th>Estimated Value</th>
<th>Description of Items</th>
<th>Estimated Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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