



# DONATION RECOMMENDATION FORM

## Section 1

*(Please Complete Section 1 and Return to Superintendent after Administrator Has Approved)*

Instructor	Administrator
Instructional Use: _____ Program: _____	
Name of Donor: _____ Phone: (____) _____	
Social Security Number/Employer Identification Number (EIN): _____	
Company: _____	
Address: _____	
(Street)	(City)
	(Zip)
Equipment/Item Donated: _____	
(use reverse side to list additional items)	
Value as of Donation Date: _____	
Manufacturer/Make: _____	
Model # _____	Color: _____ Mileage: _____
Serial/VIN#: _____	
Special Instructions: _____	

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**Section II**

*(Recommendation to Board of Education)*

Donation Recommended \_\_\_\_\_ Donation Not Recommended \_\_\_\_\_

Date accepted by WCVSD Board of Education: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Superintendent)

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**Section III**

*(To be completed by Treasurer's Office)*

Date Title Received: \_\_\_\_\_ Title Accepted by: \_\_\_\_\_

Date Title Transferred to WCCC: \_\_\_\_\_ Date Vehicle Received by WCCC: \_\_\_\_\_

Date Donation Letter Mailed: \_\_\_\_\_ Date Form 1098C Mailed: \_\_\_\_\_

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**Section IV**

**Disposition**

Disposition Date: \_\_\_\_\_ Location: \_\_\_\_\_ Sale Price (if Applicable): \_\_\_\_\_