

Amphitheater Public Schools  
Gift/Donation Form

Date \_\_\_\_\_ School/Site: \_\_\_\_\_

The following gift(s)/donation(s) have been received:

1. Item: \_\_\_\_\_ Value: \_\_\_\_\_

By: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

2. Item: \_\_\_\_\_ Value: \_\_\_\_\_

By: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

3. Item: \_\_\_\_\_ Value: \_\_\_\_\_

By: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

4. Item: \_\_\_\_\_ Value: \_\_\_\_\_

By: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

5. Item: \_\_\_\_\_ Value: \_\_\_\_\_

By: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

I acknowledge that all items donated become District property, but that the District will not maintain or repair donated items.

\_\_\_\_\_  
(Signature of Site Administrator)

Distribution: Original to the Finance Department  
Retain a Copy in the Site File