

East Valley Institute of Technology

Donation Form

Date: _____

Donor's Name: **(PRINT)** _____

Donor's Address: _____

Donor's Address: _____

Donor's Phone Number: _____

Estimated Value: \$ _____ Will Item(s) need to be picked up: **YES NO**

EVIT Staff accepting the donation **(Print Name)**: _____

Donated Item(s): _____

Purpose of donation (How the donation will be used): _____

IF ITEM IS A VEHICLE, COMPLETE THIS PORTION: VIN: _____

Year: _____ **Make:** _____ **Model:** _____

Mileage: _____ **Does Vehicle Run: YES NO (Circle One)**

Has the license plate been removed: YES NO (Circle One)

Title MUST Be in Donors Name – If a Lien Exists, a Lien Release MUST accompany Title.

AUTHORIZING SIGNATURES:

Department Supervisor Approving **(Print)**: _____

Department Supervisor Signature: _____

Inventory Specialist: _____ Board Meeting Date: _____

Visions Entry By: _____ Date: _____

Receipt Sent By: _____ Date: _____