



7230 F1

**North Point Educational Service Center**

**GIFTS AND DONATIONS TO THE CENTER**

Please complete the following information and submit to the Regional Director.

Donor: \_\_\_\_\_

Donor Address: \_\_\_\_\_

Donor Phone: \_\_\_\_\_

Item Gifted/Donated: \_\_\_\_\_ Date Received: \_\_\_\_\_

Purpose: \_\_\_\_\_

Location/Class or Program: \_\_\_\_\_

Estimated Value: \_\_\_\_\_

☐ I certify that this gift/donation is free from lien.

\_\_\_\_\_  
Donor

\_\_\_\_\_  
Recipient

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Regional Director