



## Donor's Restrictions

### Donor Information:

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Donor's Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Description of item(s) Donated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Donor's Restriction(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The donor acknowledges that: Items donated would be used at the College's discretion if no restriction is imposed".*

\_\_\_\_\_

Print Name

Signature

Date

### For Internal Distribution (ONLY)

Original-Business Office    Copy 1-President    Copy 2-Inventory Control    Copy 3-Department File  
Business Office BO-1500A    (6/16)