

CITY OF PAHOKEE DONOR AGREEMENT FORM

Date: _____

Donor's Name: _____

Donor's Address: _____

Donor's Phone: _____

Donation Amount: _____ If land, goods, or services, describe
land, goods or services donated:

Please check where appropriate:

_____ This donation is unrestricted in its use.

_____ This donation is restricted for the following
purpose: _____

Please respect my privacy, I do not wish to be recognized for my contribution.

Person completing this form (PRINT NAME): _____

Signature of Donor: _____

For City Completion:

Signature of City employee receiving donation: _____

Value of Donation (Check One Pursuant to City Donation Policy)

_____ \$500.00 or less

_____ \$500.01 to \$10,000

_____ \$More than \$10,000

How was value of donation determined:

Approved By: _____
City Manager, City of Pahokee