



# ANN ARBOR PUBLIC SCHOOLS DONATION FORM

DONATION FROM			
<i>Date of Donation</i>	<i>Donor Name</i>		
<i>Company Name</i>			
<i>Street Address</i>			
<i>Email Address</i>	<i>Phone Number</i>		
DONATION OF			
<b>TYPE:</b> <input type="checkbox"/> Automobile <sup>1</sup> <input type="checkbox"/> Musical Instrument <sup>2</sup> <input type="checkbox"/> Technology-related <sup>3</sup> <input type="checkbox"/> Other - <i>please describe below</i>	<b>PURPOSE:</b> <input type="checkbox"/> Student/Classroom Use <input type="checkbox"/> Teacher/Staff Use <input type="checkbox"/> Building or Department Use <input type="checkbox"/> Other – <i>please describe below</i>		
<b>DESCRIPTION:</b>			
DONATION TO			
<i>School or Department Name</i>	<i>District Contact</i>		
APPROVALS TO BE COMPLETED BY AAPS STAFF ONLY			
<b>RECEIVED Date:</b> _____  <b>BY:</b> _____ <i>AAPS Staff Name</i>  _____ <i>Title/Position</i>	<b>APPROVED Date:</b> _____  <b>BY:</b> _____ <i>Building/Department Head Name</i>  _____ <i>Title/Position</i>		
<b>1, 2, 3 ADDITIONAL APPROVALS REQUIRED PRIOR TO ACCEPTANCE:</b>			
<b>CAREER &amp; TECH ED</b> <i>Automobiles</i>	<b>FINE ARTS DEPT</b> <i>Musical Instruments</i>	<b>TECHNOLOGY</b> <i>Computers, etc.</i>	<b>PHYSICAL PROPERTIES</b> <i>Equipment/Grounds</i>

PLEASE RETURN COMPLETED FORM TO: [osinski@aaps.k12.mi.us](mailto:osinski@aaps.k12.mi.us)

DONATIONS ACCEPTED IN ACCORDANCE WITH AAPS POLICY 7400 - DONATIONS