



ANN ARBOR PUBLIC SCHOOLS DONATION FORM

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

PLEASE RETURN COMPLETED FORM TO: osinski@aaps.k12.mi.us

DONATIONS ACCEPTED IN ACCORDANCE WITH AAPS POLICY 7400 - DONATIONS

Date of BOE Approval _____ Acknowledged _____ Email / US Mail