

DROP-OFF DONATIONS ONLY



Government of the District of Columbia
Mayor Muriel Bowser
District of Columbia Public Schools (DCPS)

DONOR CONTACT INFORMATION

Name (Print): _____ Date: _____

Organization: _____

Address: _____

City/State _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

DONATION(S) DESCRIPTION

A: Type of Donation(s) (please check one):

Financial In-Kind Other

B: Actual or Estimated Value (not to exceed \$500.00):

\$

Other: _____

C: Brief Description of Donation(s) including intended use. (Please attach relevant documentation)

DONOR AGREEMENT (Please read and sign below)

1. I hereby agree to make a bona fide donation to the Government of the District of Columbia for the purpose of benefiting students served by the District of Columbia Public Schools (DCPS). The donor is giving the donation freely without any expectation of special treatment from the District of Columbia government or any part thereof.

2. The donation is being made on the condition that the agency agrees to use the donation for the particular purpose stated in this agreement. If the agency does not use the full balance of the financial donation, I, the donor, give my express consent and authorization to the agency to use the remaining balance in the same or subsequent fiscal years for the same or similar authorized purpose, as reviewed and approved by the D.C. Ethics Officer. Otherwise, the Government of the District of Columbia will mail a refund check to the donor in the amount of any remaining balance.

3. To the best of the Donor's knowledge, the donor is not aware of any transactions pending before any agency or the District government involving the Donor, nor any litigation pending against the government involving the Donor.

Donor's Signature: _____ Date: _____

RECEIVED BY: (To be completed by an authorized District Government Official)

DCPS Official (Print)

Signature

Date

Serve DC Official Name (Print)

Signature

Date