

## Mt. San Antonio College 1100 N. Grand Ave. • Walnut, CA 91789 • 909.594.5611

## PROPOSED GIFTS AND DONATIONS TO MT. SAN ANTONIO COLLEGE

Gift Description (be specific, e.g. , brand name					
Donor's Stipulated Value (District does not	appraise or pla		donated or		
Location of Item(s)					
Is the Item Given with Conditions?	YES	NO			
If Yes, list all Donor Conditions:					
		Attao	chment	YES	NO
Donor's Name		Date of	f Offer _		
Donor's Address					
				1	
Signature of Donor					
******To be Con	npleted by	District***	*****	*****	******
1. Department/Area Receiving Gift or Don	ation				
2. How Will the Gift Benefit the District?					
3. What will be the Cost of Receiving and		the Gift?			
Delivery Mainten	ance	Ir	nstallation	ı	
Storage Insurance		_ Other			
4. Signature of Recommending Manager:					
5. Board of Trustees Approval Date:					
6. Effective date of receipt (If different fro	m Board an	proval date)	):		