

**Putnam/Northern Westchester**  
**BOARD OF COOPERATIVE EDUCATIONAL SERVICES**  
 200 BOCES Drive, Yorktown Heights, NY 10598-4399

**GIFT/DONATION FORM**

Date of Donation: \_\_\_\_\_

Name of Donor: \_\_\_\_\_

Address of Donor: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Receiving Department: \_\_\_\_\_

Intended use of Donation:  
 (list restrictions, if any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Items Received	Fair Market Value

\_\_\_\_\_  
 Signature of Person Completing Form

\_\_\_\_\_  
 Approval of Program Director

\_\_\_\_\_  
 Board Approval

\_\_\_\_\_  
 Date of Board Approval