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**DONATION APPROVAL REQUEST**

|  |
| --- |
| **DONOR** |

Name/organization Phone number

Address

Email address

Purpose of donation:

|  |  |  |  |
| --- | --- | --- | --- |
| Description of items | Estimated value | Description of items | Estimated value |
|       |       |       |       |
|       |       |       |       |
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| --- |
| **PROGRAM/DEPARTMENT SUPERVISOR** |

Anticipated use:

Storage plan(s):

Security concerns:

      

Supervisor Signature Date

|  |
| --- |
| **FACILITY/OFFICE AUTHORIZATION** |

[ ]  Approve [ ]  Deny

      

Facility/office authority/designee Signature Date

|  |
| --- |
| **DONOR RECEIPT** |

Name/organization Signature Date

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

Distribution: **ORIGINAL** - LBM **COPY** - Supervisor, Donor