

CITY OF RIVERSIDE
Tax ID# 95-600-0769
DONATION ACCEPTANCE FORM

Name of Donor: _____

Address: _____ City: _____ State: _____ Zip: _____

Description of donation: _____

Donor estimate of current value: _____

Potential immediate or initial acquisition or installation cost, any on-going maintenance or replacement cost: _____

Intended use: _____

Conditions of acceptance or donor designation: _____

Remarks: No Goods or Services were provided by the City in exchange for the donation

City Department and City Representative receiving donation: _____

Deposit Account Code: _____

APPROVED / DISAPPROVED

Date

Department Head/Elected Official Signature

Date

Chief Financial Officer Signature (if needed)

Date Submitted to Council

Date Approved by Council (if needed)

Note: The City of Riverside cannot guarantee future funding for repair, maintenance, use or replacement of donated items.

Original to City Clerk

cc: City Council, Finance Department, Receiving Department