

CITY OF CHULA VISTA
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: _____

City department receiving donation: _____

APPROVED / DISAPPROVED

Date

Department Head's Signature

Date

City Manager's Signature

Date Submitted to Council

Date Approved by Council

Date

Mayor's Signature

CITY OF CHULA VISTA
DONATION AND GIFT POLICY ACKNOWLEDGEMENT

I have received and read the City of Chula Vista's Donation and Gift Policy and understand its provisions. I further understand that when I sign this acknowledgement form, it will be placed in my personnel file.

Employee (PRINT NAME)

Signature

Date