



Certificate #/Item:	_____
Disposition:	_____
Winner:	_____

DONOR AGREEMENT
Please Print Legibly

Name of Donor/Company Name (as it should appear in program book):

Address _____ City _____ State _____ Zip Code _____

Email Address: _____ Phone _____ Fax _____

Contact Name and Information: _____

The undersigned agrees to donate the following gift or service to HSF Events.
Please give a complete description, including limitations or restrictions, dates available and services offered.

Value of Donation (as determined by donor please be specific) \$ _____

Expiration date (if applicable): _____

Description of item(s) (include all details of item): _____

Special Conditions/Restrictions: _____

Signature of Donor _____ Date _____

Committee Member & Phone number Obtaining Donation

NOTE: HSF recommends that the donor seek independent legal or tax advice respecting the deductibility and amount of the contribution and the valuation through an independent appraisal or otherwise of the fair market value of the property contributed.

HSF reserves the right to use this donation in conjunction with any Hillsborough Schools Foundation Event, unless specified.

By signing this form, donor provides permission to HSF to use in its sole discretion any and all logos, trademarks, links to website(s), photographs or any other information provided to HSF for any advertising or promotional means, including but not limited to website, press materials and program book.

Federal Employee Identification Number: 94-2634550
300 El Cerrito Avenue, Hillsborough, CA 94010
Phone: (650) 344-2272 Fax: (650) 344-5790
Please keep a copy of this form for your tax purposes
Thank you for your donation ~ Hillsborough Schools Foundation