

GIFTS, GRANTS, DONATIONS

COMPANY _____ ADDRESS _____ CITY _____ STATE/ZIP _____ CONTACT PERSON _____ CONTACT'S SIGNATURE _____ CONTACT'S PHONE _____ COMMENTS: <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	TOTAL ESTIMATED VALUE _____ ITEM OR ITEMS DONATED: VALUE: _____ _____ _____ _____ _____ _____ _____ _____ _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------

SUPERVISOR'S SIGNATURE:

MAINTENANCE SUPERVISOR'S SIGNATURE

DIRECTOR'S SIGNATURE:

TREASURER'S SIGNATURE

SUPERINTENDENT'S SIGNATURE

APPROVED NOT APPROVED

Please return to Dr. Rick Smith, Superintendent
 Ohio Hi-Point Career Center
 2280 State Route 540
 Bellefontaine, OH 43311

PROPOSED USE:

PROPOSED LOCATION:

PROPOSED COST FOR MOVING,
 INSTALLATION, AND
 MAINTENANCE: