



**DONATION TO THE COLLEGE**

WHAT has been donated (be specific in your description).

WHAT is the estimated worth of the donation.

WHEN it was received (Date).

WHO donated it to the college? (Individual Name, Business Name, Address, Phone)  
*(Tax ID Number or Social Security Number and Odometer Reading required for vehicle donations.)*

WHO received the donation (List your name, program or department).

HOW the donation will be used.

Return this form to Sandy Glad or email to [sandra.glad@hibbing.edu](mailto:sandra.glad@hibbing.edu)

**FOR OFFICE USE ONLY**

Received by:

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Acknowledgement Note Sent:

Date: \_\_\_\_\_

Copy to Emily Ahrens Sent:

Date: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

Leveraged Cost Center: \_\_\_\_\_