



DONATION FORM

The following items are being donated to the Orleans/Niagara BOCES for:

CLASS/DEPARTMENT:

BOCES CONTACT:

USAGE:

The following items are being donated by:

NAME:

ADDRESS:

TELEPHONE:

ITEM LIST:

APPROVED BY:

Program Administrator

Date

Supt. of Bldgs/Grounds

Date

Program Director

Date

Director of Business Services

Date

District Superintendent

Date