

SCHERTZ-CIBOLO-UNIVERSAL CITY ISD GIFTS AND BEQUESTS

STEP 1: TO BE COMPLETED BY DONOR

- 1) DONOR NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____
- 2) AMOUNT/FAIR VALUE: \$ _____ CHECK -- CASH -- TANGIBLE ASSET
 (circle one)
- 3) DESCRIPTION OF TANGIBLE ASSET:

- 4) PURPOSE OF DONATION:

- 5) I WISH TO DESIGNATE MY GIFT FOR:
 - 1) General needs of _____
 - 2) Specific Department _____
- 6) _____

SIGNATURE OF DONOR
DATE

STEP 2: TO BE COMPLETED BY EMPLOYEE RECEIVING DONATION

- 1) CAMPUS _____
- 2)

<div style="text-align: center;">GENERAL OPERATING FUND</div> Account # 199- -X- -17- -	<div style="text-align: center;">STUDENT ACTIVITY FUND</div> Account # _____
--	--
- 3) _____

SIGNATURE OF EMPLOYEE RECEIVING DONATION
DATE

STEP 3: TO BE COMPLETED BY CAMPUS PRINCIPAL/DIRECTOR

- 1) INTENDED USE BY CAMPUS OR ORGANIZATION:

- 2) _____

SIGNATURE OF PRINCIPAL/DIRECTOR
DATE