

**CITY OF MERCED
DONATION ACCEPTANCE FORM**

Name of Donor: _____

Address: _____ City: _____ State: _____ Zip: _____

Description of Donation: _____

Donor Estimate of Current Value: _____

Potential immediate or initial acquisition or installation cost, any on-going maintenance or replacement cost:

Intended Use: _____

Conditions of Acceptance or Donor Designation: _____

Remarks: _____

Department Receiving Donation: _____

APPROVED/ DISAPPROVED

Date

Department Head Signature

Date

City Manager Signature

Approval of City Council Required if Donation Exceeds \$5,000.

Date Submitted to Council

Date Approved by Council

Date

Mayor Signature

NOTE: The City of Merced cannot guarantee future funding for repair, maintenance, use or replacement of donated items.
cc: City Council, Finance Department, City Clerk

CITY OF MERCED, CALIFORNIA

DONATION AND GIFT POLICY ACKNOWLEDGEMENT

I have received and read the City of Merced Donation and Gift Policy and understand its provisions.

Employee (PRINT Name)

Employee Signature

Date