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Ron Cone, Executive Director, Information Technology
Lorraine Cooper, Director, Communications and Public Relations
Vic Roberts, Manager, Business

FORM DF-1

DONATED FUNDS/PROPERTY/EQUIPMENT

DONOR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Phone number: _____ VALUE OF DONATION: _____

DESCRIPTION OF DONATION: _____

If donation is a vehicle:

VIN # _____

In order for you to take a deduction of more than \$500.00 for a vehicle contribution, you must attach a copy of form 1098-C to your federal tax return. Please include your social security number and mailing address and a completed copy of form 1098-C will be mailed to you.

VALUE OF DONATION: \$ _____ SOCIAL SECURITY # _____

(In order to take this deduction, please attach form showing how value was determined.)

IF FOR A SPECIFIC PURPOSE INDICATE: _____

All gifts, grants and bequests shall become Kennewick School District #17 property and at the discretion of the District may be used in a particular school.

RECEIVED BY: _____ DATE: _____

SCHOOL OR LOCATION: _____

The Kennewick School District acknowledges receipt of the above donation on

Date

Vic Roberts
Business Manager