

# MERCED COMMUNITY COLLEGE DISTRICT DONATION REQUEST

Name, Address of Organization Receiving Donation:

Merced Community College Department:

Organization Name:  
 Contact Name:  
 Phone:  
 Address:

Department Name:  
 Phone:  
 3600 M Street  
 Merced, CA. 95348-2898

QUANTITY	DESCRIPTION	MCID NUMBER

Reason for Donation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 (Name of Initiator)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Department Manager's Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Area VP Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (President's Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Dated Board Approved)

\_\_\_\_\_  
 (Date Organization will pick up donation)

**Note:**

All items are offered "As-Is" condition. Disposal of any item(s) is the responsibility of the organization. The donation is solely intended for the use of your organization and cannot be re-sold. Merced Community College District reserves the right to rescind this donation and to dispose of the equipment should your organization be unable to take receipt at the time and place listed above.