



REQUEST FOR DONATION

State Form 43280 (R3 / 9-18)
DEPARTMENT OF CORRECTION

INSTRUCTIONS:

SECTIONS "A", "B" and "C" are to be completed by the donor or departmental staff. SECTION "D" is to be completed by the donor. SECTION "E" is to be completed by the facility or office head. SECTION "F" is to be signed by the Commissioner. SECTION "G" is to be signed by the Governor. SECTION "H" is to be completed by the designated staff person responsible for fixed asset inventory control.

SECTION A		
Name of donor / organization		Date (month, day, year)
Address (number and street or Rural Route)		
Address (city, state, and ZIP code)		
Name of contact person, if an organization		Telephone number ()
Extension		
INSTRUCTIONS - Check one: <input type="checkbox"/> MONETARY - If checked, please complete SECTION "B". <input type="checkbox"/> NON-MONETARY - If checked, please complete SECTION "C".		

SECTION B – MONETARY DONATION		
AMOUNT \$	Purpose for which donation is to be used	<input type="checkbox"/> Check here if no preference.

SECTION C – NON-MONETARY DONATION							
INSTRUCTIONS: List items or services to be donated. You may group "like" items together, except for equipment.							
ITEM BEING DONATED	HOW MANY?	ESTIMATED VALUE *	Complete only if equipment.				
			NAME BRAND	MODEL	YEAR	SERIAL NUMBER	COLOR
1.							
2.							
3.							
<input type="checkbox"/> Check here, if a "blanket" or continuing authorization is requested. Please indicate here, in a general statement, the quantity, frequency and estimated value of your donations on an annual basis:							

* Value of item(s) is estimated by donor.

SECTION D – STATEMENT OF DONOR	
I hereby certify that the above specified donation is given as a charitable contribution and not as payment of a debt either public or private. By accepting this donation, the Department of Correction or any of its agencies incurs no debt. This donation is made voluntarily without coercion.	
Signature of donor	Date (month, day, year)

SECTION E – STATEMENT OF FACILITY RECOMMENDATION	
I hereby certify that the donation described above can be effectively used by this facility, institution or office and recommend approval of the donation.	
If not previously stated by donor, indicate how item(s) or money will be used.	
Signature of facility or office head	Date (month, day, year)
Name of facility	Facility contact number ()

SECTION F – APPROVAL OF COMMISSIONER / DESIGNEE (if necessary)	
Signature of Commissioner / designee, indicating approval	Date (month, day, year)

SECTION G – FIXED ASSET INVENTORY		
On _____, I certify the following inventory tag number(s) was / were assigned to the donation, as previously noted. (date, month, year)		
Item number one	Item number two	Item number three