CITY OF LAREDO
DEPARTMENT DONATION REPORT FORM

DONOR INFORMATION
Person/Business Name:_____________________________________
Please choose one of the following:
❑ Non-Profit Corporation  ❑ For Profit Organization
❑ Private Individual      ❑ Other: __________________
Address: ________________________________________________
Contact Person: ___________________________________________
Phone: ___________________________ Email: ____________________

RECIPIENT INFORMATION
City Department: ___________________________________________
Name of City Official/Employee: _____________________________
Date of Donation: __________________________________________
Intended Use of Donation: ________________________________
Actual Use of Donation: ____________________________________

MONETARY DONATION
Total Amount Donated $ __________  ❑ Check No. __________________________
Pending  ❑ Money Order No. __________________________

IN-KIND DONATION
Please describe the nature and amount of any in-kind donations:
❑ PRODUCTS: _____________________________________________
❑ SERVICES: ______________________________________________
❑ INVESTMENT SECURITIES: ________________________________
❑ REAL PROPERTY (LAND): _________________________________
❑ OTHER (SPECIFY TYPE): ________________________________
Total Estimated Monetary Value: $ ______________

*Donations greater than $5,000 must be accepted by City Council

FOR ADMINISTRATIVE USE ONLY
Date Received: ____________________________
Reviewed by Legal: ____________________________
City Manager Signature: ________________________
❑ Accepted ❑ Not Accepted  Date: __________

For use in accordance with City of Laredo Donation Acceptance Policy; Resolution No. 2019-R-024