



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. _____
 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: _____