



**Cleveland Heights-University Heights City School District
Donation Form**

Donor/Business Name: _____

Address: _____

Telephone (optional): _____

Email (optional): _____

Building/Department/Fund for your donation to be applied to: _____

Description of the donation: _____

Value of Donation: _____

Please note: Property gifts of more than \$500 require IRS Form 8283 to be obtained and completed by the donor, and then given to the District.

Please check this box if you wish to make this donation anonymous.

Thank you for your donation to the Cleveland Heights -University Heights City School District.

**Please send completed form:
CH-UH BOE
Business Services Department
ATTN: Donations
2155 Miramar Blvd
University Heights, Ohio 44118**



For Office Use Only: Donation verified by _____ Date _____

Up for approval at Board meeting for Month of _____, 20__