

**CITY OF MERCED  
DONATION ACCEPTANCE FORM**

Name of Donor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Donation: \_\_\_\_\_

\_\_\_\_\_

Donor Estimate of Current Value: \_\_\_\_\_

Potential immediate or initial acquisition or installation cost, any on-going maintenance or replacement cost:

\_\_\_\_\_

Intended Use: \_\_\_\_\_

\_\_\_\_\_

Conditions of Acceptance or Donor Designation: \_\_\_\_\_

\_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Department Receiving Donation: \_\_\_\_\_

**APPROVED/ DISAPPROVED**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Manager Signature

Approval of City Council Required if Donation Exceeds \$5,000.

\_\_\_\_\_  
Date Submitted to Council

\_\_\_\_\_  
Date Approved by Council

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mayor Signature

NOTE: The City of Merced cannot guarantee future funding for repair, maintenance, use or replacement of donated items.  
cc: City Council, Finance Department, City Clerk

CITY OF MERCED, CALIFORNIA

DONATION AND GIFT POLICY ACKNOWLEDGEMENT

I have received and read the City of Merced Donation and Gift Policy and understand its provisions.

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Employee (PRINT Name)

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Employee Signature

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Date