Ingham Intermediate School District
A Regional Educational Service Agency

Gift Form

Received From:

Name Telephone Number

Street Address

City/State/Zip

This Gift is to:

Designated Program

Account Number Undesignated

Designated Purpose

Amount:

$ Deposit to Account Number

Cash Check

If the gift is in kind, please describe below:

Quantity	Item Description	Est. Value

If in kind, indicate disposition of the gift

Signature _____Date _____

Program Administrator