

# TOWN OF CEDAR LAKE

7408 Constitution Avenue, P.O. Box 707, Cedar Lake, IN 46303  
Tel: (219) 374-7400 Fax: (219) 374-8588



## DONATION ACCEPTANCE FORM

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Donation:

Monetary Donation Amount \$ \_\_\_\_\_

In-Kind Donation (other than monetary)

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

\_\_\_\_\_

\_\_\_\_\_

Approximate Value of In-Kind Donation \$ \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Date

### **FOR OFFICE USE ONLY**

Date Donation Received: \_\_\_\_\_

Received by (Name/Title): \_\_\_\_\_

Date Accepted by Town Council: \_\_\_\_\_