DONATIONS FOR
Donor’s Information

<table>
<thead>
<tr>
<th>Name of the Organization</th>
<th>Phone Number</th>
<th>E-mail and/or Postal Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Donation Information

<table>
<thead>
<tr>
<th>Check number #</th>
<th>Amount $</th>
</tr>
</thead>
</table>

The Donor acknowledges that:

1. The listed donation is made freely and voluntarily without intent to limit in any way the commitment of the University of Puerto Rico at Mayagüez to the principles of academic freedom and that they are, in no way, in opposition to the Law of the US Federal Government or Puerto Rico or any applicable regulation of the University. The listed donation is not made in support of an external product or service and there is no known conflict of interest between the parties.

2. The University of Puerto Rico (UPR) is a public higher education institution. Donations made to UPR are tax deductible by donors, under section 170(b)(1)(A) and 170(b)(1)(A)(v) of the US Government Internal Revenue Code, if made for public purposes. UPR is eligible to receive tax deductible charitable contributions under section 170(c) of the US Government Internal Revenue Code. Donors will have the right to claim federal tax deductions, subject to certain limitations, if donations are made according to the applicable code dispositions.

Donor representative name: _____________________________________________

Donor’s representative signature: _________________________________________

For the purpose of accountability, the name of the UPRM employee certifying this donation and its purpose is: Carmen Patricia Parés, carmenp.pares@upr.edu

Please send this form with your check, by mail to:
Chancellor’s Office
UPR - Mayagüez
Box 9000
Mayagüez, PR 00681
Information of the Donation:

Date of Letter of Approval: ______________ Identification #: ______________

Amount of Donation Received: $_____________ Date: ______________

Deposited in Account number: ______________

Chancellor’s Office
Approved by Chancellor: ______________ Date: ______________

Sent to Dept. of Finances by: ______________ Date: ______________

Department of Finances
Deposit #: ______________

Returned to: ______________ Date: ______________

Rev. 2/20/19