



FUNDS OR GOODS DONATIONS FOR THE UPR MAYAGÜEZ CAMPUS

Donor's Required Information

| Name of the Organization or Individual | Phone Number | E-mail |
|--|--------------|--------|
| | | |
| Mailing Address: | | |

Donation for: _____

Donation Amount: \$ _____ Electronic Transfer Number: _____

Check Number: _____ Money Order Number: _____

Description of in-kind donation of goods or services: _____

Estimated dollar amount of in-kind donation of goods or services: \$ _____

Additional Comments: _____

THE SIGNATORY PARTIES DECLARE that the listed donation/s is/are 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/s is/are not made in support of an external product or service and there is no known conflict of interest between the parties.

Donor's Signature: _____

For the purpose of accountability, please print name and signature of the UPRM employee certifying this donation and its purpose:

_____ Date _____

Antes, ahora y siempre... ¡COLEGIO!

For Official Use Only

Applicant's Office _____

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: _____