



## DONATION LETTER

### Donor's Information

|   |   |
|---|---|
| <b>Name of Donor (Organization or Individual)</b> | <b>E-mail and/or Postal Address</b><br>Mayaguez, PR |
|   | Phone Number (    )                                 |

### Donation Information

|   |   |               |                |                    |            |
|---|---|---------------|----------------|--------------------|------------|
| Purpose of donation:<br><input type="checkbox"/> UPRM fund<br><input type="checkbox"/> Students scholarship<br><input type="checkbox"/> Other (see attachment) _____<br><input type="checkbox"/> <i>With restrictions or specifications (see attachment)</i><br><input type="checkbox"/> <i>Without restrictions or specification</i> | Amount (value) \$ _____<br><div style="text-align: center;">(Please select type of transaction)</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Check # _____</td> <td style="width: 50%;">In Kind (    )</td> </tr> <tr> <td>Credit Card (    )</td> <td>EFT (    )</td> </tr> </table> | Check # _____ | In Kind (    ) | Credit Card (    ) | EFT (    ) |
| Check # _____   | In Kind (    )  |               |                |                    |            |
| Credit Card (    )  | EFT (    )  |               |                |                    |            |

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's representative:

Name : \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

For the purpose of accountability, provide information of the UPRM employee certifying this donation and its purpose  
 Name:  Carmen Patricia Parés Parés  email:  carmenp.pares@upr.edu

Approved by Dr. Agustín Rullán Toro, Chancellor: (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

### Instructions to submit this form (Once approved by UPRM Chancellor)

For **EFT** and **credit card** donations access [www.uprm.edu/donaciones](http://www.uprm.edu/donaciones), and send your receipt with this form to [carmenp.pares@upr.edu](mailto:carmenp.pares@upr.edu).  
 For **In-kind** donations: send this form to [carmenp.pares@upr.edu](mailto:carmenp.pares@upr.edu)  
 For **check** donations: write your check payable to **UPR Mayaguez**. Please send this form with your check to: **UPR Mayaguez, Alumni & Philanthropy Office, Box 9000 Mayaguez, PR 00681**

**\*\*For additional information, please contact: Carmen P. Parés, M. 787-481-6623, O. 787-832-4040 ext .2998 carmenp.pares@upr.edu**

**Antes, ahora y siempre... ¡Colegio!**

**Attachment I**  
(donation form)

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specifications: \_\_\_\_\_  
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Donors or legal representative Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**For Official Use Only (UPRM)**

**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: \_\_\_\_\_