# DONATION LETTER

## Donor’s Information

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

## Donation Information

<table>
<thead>
<tr>
<th>Purpose of donation:</th>
<th>Amount (value) $ ______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) UPRM fund</td>
<td>(Please select type of transaction)</td>
</tr>
<tr>
<td>( ) Students scholarship</td>
<td></td>
</tr>
<tr>
<td>( ) Other (see attachment)</td>
<td></td>
</tr>
<tr>
<td>( ) With restrictions or specifications (see attachment)</td>
<td></td>
</tr>
<tr>
<td>( ) Without restrictions or specification</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check #___________</th>
<th>In Kind ( )</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Credit Card ( )</th>
<th>EFT ( )</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’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, and send your receipt with this form to carmenp.pares@upr.edu.

For In-kind donations: send this form to 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**
Attachment I
(donation form)

Purpose: ______________________________________________________________

________________________

Specifications: __________________________________________________________

________________________

Other: _________________________________________________________________

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: ________________

Rev. 3/23