Project Donation

This form must be submitted for each project donated to the Accounting Department, Pathway to Adventure Council, Boy Scouts of America. Please provide all requested information. Incomplete forms will not be processed.

The: _____ _____
Company or person making donation — Individual authorizing project at company

Title: _____ Phone Number: _____

Address: _____
Street — City — State — Zip Code

Has agreed to provide the following project:

Items donated: _____
(Materials, equipment, etc.)

Pick up or delivery date: _____

Total Value $: _____Cash_____ Gift in Kind: _____

Council Information:

Account Number items are charged to: _____

Project contact person: _____
Name

Staff member responsible for using donated items' signature: _____

Other information: _____

Please forward this completed form to the Accounting Department within 15 days of the completed project.

Accounting Department Use Only

The above project has been completed

Signed: _____Date: _____