

Donation Evaluation Form

Please read the Technology Donation Guidelines and then list all items being donated

Donor Name: _____

Address: _____

Phone: _____

Do you have a preferred school or location for your donation?

Please note: the district will attempt to fulfill your request but we cannot guarantee the final placement of donated equipment

No _____ Yes (indicate school or location) _____

Equipment Type (e.g. Computer, Printer, Monitor, etc.) _____

Quantity _____ **Age** _____ **Under Warranty?** Y N

Manufacturer: _____ **Model:** _____

If donating a computer please fill in the additional information below

Processor type (cpu): _____ **Speed:** _____

Memory (ram): _____ **Hard Disk (size):** _____

Operating System: _____ **CD-ROM / DVD:** Y N

Keyboard: Y N **Mouse:** Y N **Audio:** Y N **Network port:** Y N

Monitor (please indicate size, brand and model): _____

Installed and included software: _____

Please note: the district technology staff can remove software for you by request

Donor Signature

Date